



WAIVER AND RELEASE FORM FOR KIDS CAMP

LIABILITY RELEASE AND PARENTAL CONSENT FORM

The following terms and conditions are presented at the time of payment and must be reviewed and accepted prior to registration confirmation.

▪ WAIVER AND RELEASE

Hereby, in consideration of the acceptance of my application for the above program, I for myself, my child(ren) named herein, my heirs, executors and assigns, waive, release, discharge and covenant in advance not to sue *the Alliance Française of San Francisco*, its officials, officers, employees, volunteers and agents from all claims and liabilities – even though these liabilities may arise out of perceived negligence on the part of persons mentioned above –, resulting in any physical or psychological injury (including paralysis and death), illness, damages, economic or emotional loss my child may suffer because of their participation in this Camp, including travel to, from and during the Camp.

▪ ASSUMPTION OF RISK

I am aware of the risks associated with traveling to/from and my child's participation in this Camp, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my child's or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Camp location(s) or facilities. Nonetheless, I assume all related risks, both known or unknown to me, of my child's participation in this Camp, including travel to, from and during the Camp. I hereby assert that my child(ren)'s participation is voluntary and that I knowingly assume all such risks.

▪ INDEMNIFICATION, HOLD HARMLESS AND DEFENSE

I agree to indemnify, hold harmless and defend the Alliance Française San Francisco against any and all claims to which the "Waiver and Release" section of this agreement applies, including claims on behalf of any participating minor if the authorization is signed below. I also promise to indemnify, hold harmless and defend *The Alliance Française San Francisco* against any and all claims for my own negligence, and any other claim arising from my conduct during the activities or which is a breach of this agreement. In accordance with these promises, I will reimburse *The Alliance Française of San Francisco* for any damages, reasonable settlements and defense costs, including attorney's fees, that *The Alliance Française of San Francisco* may incur because of any such claims made against them.

▪ HEALTH CARE

I hereby give permission to *the Alliance Française of San Francisco* to act according to their best judgment in any situation requiring medical attention for my child(ren) named herein. This includes routine health care, administering and/or dispensing prescribed medications, and seeking emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I acknowledge that it is my responsibility to provide medical insurance coverage for my child(ren) named herein while participating in the activities. Any costs of medical treatment provided to my child(ren) named herein that are not covered by medical insurance will be my sole responsibility. I give permission to *the Alliance Française of San Francisco* to arrange necessary related transportation for my child(ren). In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my child(ren) named herein.

INITIALS





I understand that this document is written to be as broad and inclusive as legally permitted by the State of California.

I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

- (a) I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.
- (b)
- (c) I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including:
- (d)
- (e) Releasing the Alliance Française of San Francisco from all liability on my and the Participant's behalf;
- (f) Promising not to sue the Alliance Française of San Francisco on my and the Participant's behalf;
- (g) Assuming all risks of the Participant's participation in these activities, including travel to, from and during these activities;
- (h) Giving permission to the Alliance Française of San Francisco to have my child(ren) treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in these activities.

I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Parental Consent (Complete if applicant is under 18)

I give consent for my child children _____
to participate in the above activities, and I execute the above liability release on their behalf.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date



PHOTO RELEASE FORM FOR MINOR CHILDREN

Undersigned acknowledge and agree that the owner of the Alliance Francaise of san Francisco, and any third party authorized by such owner, shall have the right to film, videotape, photograph, record Undersigned's voice and make any reproductions of Undersigned's physical likeness and voice, and shall have irrevocable right in perpetuity to use, display, and digitally enhance or alter in any manner, such likeness in any media now known or hereafter devised, including, but not limited to, the exhibition and/or online use, broadcast, theatrically or on television, cable or radio, any motion picture film, video tape, DVD, CD or any Internet service or Internet application (including, but not limited to, social media such as Facebook, YouTube, Instagram, and SnapChat) in which such likeness may be used or otherwise, or any published articles, catalogs, or websites in which such likeness may be printed, used or incorporated, and in the advertising, exploiting and publicizing the Alliance Francaise of san Francisco, camp products, licensed products, and all affiliated relationships (including, but not limited to, social media owned and maintained by the Alliance Francaise of san Francisco such as Facebook, YouTube, Instagram, and SnapChat).

I release Alliance Francaise of san Francisco, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

I release Alliance Francaise of san Francisco from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Alliance Francaise of san Francisco to use their photographs, voice, video and names.

Name _____

Signature: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



HEALTH RISK ACKNOWLEDGEMENT

The collective effort and sacrifice of San Francisco residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within San Francisco continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms (“pre-symptomatic”), and many are contagious without ever developing symptoms (“asymptomatic”). Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19. The availability of childcare and summer camp is an important step in the resumption of activities. However, the decision by the Health Officer to allow childcare and summer camps for all families at facilities that follow required safety rules, does not mean that attending childcare or summer camp is free of risk.

Enrolling a child in childcare or summer camp could increase the risk of the child becoming infected with COVID-19. While the majority of children that become infected do well, there is still much more to learn about coronavirus in children, including from recent reports of Multisystem Inflammatory Syndrome in Children (MIS-C).

Each parent or guardian must determine for themselves if they are willing to take the risk of enrolling their child in childcare/summer camp, including whether they need to take additional precautions to protect the health of their child and others in the household. They should particularly consider the risks to household members who are adults 60 years or older, or anyone who has an underlying medical condition.

Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider. More information about COVID-19, MIS-C, and those at higher risk for serious illness is available on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/>.

I, _____ parent / guardian of _____ that participates in the Summer camps at Alliance Française San Francisco program located 1345 Bush Street San Francisco CA 94209 understand the risks associated with enrolling my child in childcare/summer camp, and agree to assume the risks to my child and my household.

I also agree to follow all safety requirements that the childcare program/summer camp imposes as a condition of enrolling my child.

Date

Signature



SYMPTOM /TEMPERATURE CHECK POINT

Parents, did your child had any one or more of these symptoms within the past 24 hours, which is new or not explained by a pre-existing condition:

Camper, do you feel any of these ?

- Fever
- Chills, or Repeated Shaking/Shivering
- Cough
- Sore
- Throat
- Shortness of Breath
- Difficulty Breathing
- Feeling Unusually Weak or Fatigued
- Loss of Taste or Smell
- Muscle pain Headache
- Runny or congested nose
- Diarrhea

If the answer is yes, please stay home, rest and take care!

If the answer is no... one last thing... it's time for a temperature check!



- **Green** = You're good to go... after you wash your hands!!!!
- **Orange** = Please stay home, rest and continue monitoring your temperature!
- **Red** = Please see a Physician and stay home !



Alliance Française
San Francisco