

I understand the Camas Community Education program does not provide insurance. I certify that I/my child is physically and mentally able to participate in this activity. I will communicate potential medical/medication needs with staff. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my/my child's image may be used for promotional purposes for CCE and/or the CSD.