



Harvest Christian Academy

STEM Camp Release & Liability Form

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____ Grade (26-27): _____

PARENT INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

MEDICAL INFORMATION

Does your child have any medical conditions, allergies, or medications we should be aware of?

No

Yes (please explain): _____

Physician Name: _____ Phone: _____

PARTICIPATION AGREEMENT

In consideration for my child's participation, I hereby release, waive, and discharge Harvest Christian Academy, its board members, employees, volunteers, and representatives from any and all liability, claims, or demands for injury, illness, or damages arising out of participation in the STEM Camp.

MEDICAL AUTHORIZATION

In the event of an emergency, I authorize Harvest Christian Academy staff to secure medical treatment for my child. I understand that every reasonable effort will be made to contact me prior to treatment.

PHOTO/MEDIA RELEASE

- YES, I give permission for my child to be photographed or recorded for school-related promotional purposes.
- NO, I do not give permission.

INCOMING STUDENT ACKNOWLEDGEMENT

For students who are **not yet fully enrolled at HCA:**

I understand that my child may not have all required school enrollment documents on file at the time of camp participation. By signing this form, I acknowledge responsibility for providing accurate medical and emergency information and agree that this form serves as temporary authorization for participation.

CODE OF CONDUCT

I understand that my child is expected to follow all camp rules and behave appropriately. Failure to do so may result in removal from camp without refund.

PARENT/GUARDIAN SIGNATURE

I have read and understand this release form and agree to its terms.

Signature: _____

Printed Name: _____

Date: _____