



Historic Landmark and Museum

# 2011 Summer Camps Release Form

## PARTICIPANT PERMISSION AND RELEASE

A participant permission and release must be filled out and submitted for every child.

PARTICIPANTS NAME

PARENT OR GUARDIAN NAME

ADDRESS

CITY/ STATE/ ZIP

PHONE

BUSINESS PHONE

EMAIL

EMERGENCY CONTACT NAME (Other than parent)

EMERGENCY PHONE

INSURANCE COMPANY

POLICY NUMBER

ALLERGIES, MEDICAL PROBLEMS, DISABILITIES

In consideration of being allowed by Mission San Juan Capistrano to participate in Night at the Mission, Ceramics Camp or Native American Summer Camp, I hereby agree that:

I accept and abide by the rules and regulations of the Program as established by Mission San Juan Capistrano and to obey the direction of the Mission representatives.

I understand that video production and/or photography may be conducted during the Program. I grant full and irrevocable consent to Mission San Juan Capistrano and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my photographic likeness.

I understand that neither medical nor health insurance coverage is supplied by Mission San Juan Capistrano and that the participant is responsible for all insurance coverage.

I agree that in the event my child is injured as a result of his/her participation in the above activity, I give permission to the physician, nurse, dentist, or licensed staff selected by the supervisory Mission personnel to render medical treatment deemed necessary and appropriate.

I understand and expressly assume the risk of any and all damage, injury, death, or harm which may occur to me or my property.

I forever release and discharge the Historic Mission San Juan Capistrano, the Diocese of Orange, the Mission Preservation Foundation, its officers, board of directors, employees, agents, assigns,

and insurers from any and all claims or liability arising out of or in connection with me and or my child's participation in the Program. This release includes libel, invasion of privacy, negligence, or other fault that result in personal injury, death, or property damage during or in connection with the below programs or activities. This release will be construed according to the law of the State of California. The Permission and Release shall insure to the benefit of licenses and assigns of the Mission, and shall be binding upon myself and or my child, spouse, and my/his/her heirs, estate personal representatives and assigns.

**This document contains a release of claims. Please read it carefully before signing.**

I acknowledge that I have received, read, and understood, and agreed to the above and I voluntarily sign this Participant Release agreement.

Parent or Legal Guardian if participant is a minor:

Print

Signature

Date

## 2011 Summer Camp Registration

PARENT OR GUARDIAN NAME

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

TOTAL AMOUNT CHARGED TO CARD

EXPIRATION DATE OF CARD

VISA/MASTERCARD #

SIGNATURE

Mail form to: Mission San Juan Capistrano Camp Registration, 26801 Ortega Hwy., San Juan Capistrano, CA 92675 or fax form to (949) 481-9895

**CERAMICS CAMP** - \$330 non-members, \$300 for members (Must pick a two week session)

- Session I: June 27 - July 8, 2011
- Session II: July 11 - July 22, 2011
- Session III: July 25 - August 5, 2011

**NATIVE AMERICAN SUMMER CAMP** - \$175

- Session I: June 25 - July 1, 2011
- Session II: July 4 - July 8, 2011

**NIGHT AT THE MISSION** - \$65 non-members, \$55 for members \$50 per individual in groups of 4 or more

- July 15 - morning of July 16, 2011

NAME OF CAMPER

NAME OF CAMPER

NAME OF CAMPER

NAME OF CAMPER

Event Hotline (949) 234-1315

www.missionsjc.com