



**2019 HTGC SUMMER VEDIC CAMP -
GENERAL PERMISSION FORM — Page 1**

The Hindu Temple of Greater Chicago
10915 Lemont Road, Lemont IL 60439
Phone: 630-972-0300 www.htgc.org

Participant Information: 1) _____ Age ____ YRS

Address _____
City/State Zip _____
_____ Date of birth
_____ Phone _____

Any limitations to participation? (physical, medical, behavioral) _____

Any Allergies? (Food / Drug / Environmental)

If Food Allergy: _____ Serious/Life-threatening _____ Moderate/can self-manage _____ Mild/can self-manage

Participant Information: 2) _____ Age ____ YRS

Address _____
City/State Zip _____
_____ Date of birth
_____ Phone _____

Any limitations to participation? (physical, medical, behavioral) _____

Any Allergies? (Food / Drug / Environmental)

If Food Allergy: _____ Serious/Life-threatening _____ Moderate/can self-manage _____ Mild/can self-manage

Participant Information: 3) _____ Age ____ YRS

Address _____
City/State Zip _____
_____ Date of birth
_____ Phone _____

Any limitations to participation? (physical, medical, behavioral) _____

Any Allergies? (Food / Drug / Environmental)

If Food Allergy: _____ Serious/Life-threatening _____ Moderate/can self-manage _____ Mild/can self-manage

PLEASE COMPLETE CONTACT INFORMATION ON OTHER SIDE OF THIS PAGE.

Participant _____ Age ____ yrs

Participant _____ Age ____ yrs

Participant _____ Age ____ yrs

Participant _____ Age ____ yrs

Father/Guardian Name: _____

Home Phone _____

Cell Phone _____

Mother/Guardian Name _____

Home Phone _____

Cell Phone _____

Emergency Contact _____ Phone _____

Release and Waiver of Liability

I hereby give my consent to have the above-named participant (s) fully participate in all camp indoor and outdoor activities, conducted on the HTGC campus, recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. I understand that some activities may be strenuous and/ or outdoors and agree that participation in any activity is fully voluntary. . As such, participants assume all risk of damage, loss, or injury which may arise from participation in any activities at HTGC. Furthermore, I waive, release and discharge any and all rights and claims which I may have or which may hereafter accrue to me against the Hindu Temple of Greater Chicago (HTGC) and its trustees, officers, directors, employees, agents or representatives for any injury, harm or damages which may occur to the above participant(s) as a result of partaking in these activities, and I hereby indemnify, release, save and hold harmless HTGC and its trustees, officers, directors, employees, agents or representatives of said injury, loss or any other damages due to participation in such activities.

Further, I do consent to any and all medical treatment that may be deemed necessary for the participant(s) should he/ she/ they require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the participant(s). I agree to allow HTGC to transport participant(s) as needed and to use a photocopy of this form as my authorization when necessary.

HTGC may use the participant’s photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein. Kindly provide a digital photo of your child (face – only) taken on your phone at registration for ID purposes during camp. Thank You.

Participant Signature/Legal Guardian (if minor) _____

Printed Name _____

Date _____