



Liability Release & Policies

Please initial each line after carefully reading this release and waiver of liability.

_____ Release and Assumption of Risk: I am aware that during the program my child will be participating in a variety of activities that involve the inherent risk of physical injury including, but not limited to, water play, contact sports and science experiments. I hereby hold The Bright School, its members individually, and its officers, agents, and employees of any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by any reason of any and all known and all unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from my participation in or in any way connected with the above named activity. This statement shall serve as a release and assumption of risk for child.

_____ I authorize The Bright School to obtain emergency care for my child in my absence. I agree to assume financial responsibility for any medical services rendered for my child and not to hold The Bright School responsible for those services.

_____ I grant The Bright School permission to use my child's photograph in any promotional materials or on the school website.

_____ I understand that The Bright School reserves the right to cancel any program if enrollment is 10 campers or less. In the event of such a cancellation, a full refund will be made. Scheduling and space permitted, arrangements will be made to enroll my child in another week of my choice.

_____ I understand that I am responsible for all program charges in which my child is enrolled whether or not my child attends the entire session.

_____ I agree to the program refund policy: The cost of Bright Days is refundable (excluding registration fee) up to one week prior to the start of the session. If cancelling two or more weeks before the session begins, \$150 will be refunded for full day or \$100 for half day. If cancelling one week before the session begins, \$125 will be refunded for full day and \$75 for half day. There are no refunds if cancelling less than a week before the session begins.

Emergency Contact Information

Name: _____ Relationship: _____ Phone _____ Alt. Phone: _____

Please list any other individuals other than the emergency contact whom you authorize to pick up your child

Health Information

Are there any physical or other conditions that would restrict activities of any kind for your child? (Circle)
Yes (if yes, please describe below) No

List all allergies (peanuts, dairy, bee stings, medications, food, etc.)

Child's Doctor _____ Phone _____

The health information detailed above is complete and accurate to the best of my knowledge.

My child, _____, is allowed to have sunscreen applied by a Bright Days staff member as needed.
(insert child's name)

Parent/Guardian Signature _____ Date _____