

## INDIAN TRAIL ANIMAL HOSPITAL VET CAMP WAIVER

**HEALTH AND SAFETY:** The health history listed at registration is complete and accurate, and participant has permission to engage in all Indian Trail Animal Hospital Vet Camp activities unless otherwise specified in writing. I understand that C .Tabony Veterinary Relief Services, INC (hereafter referred to as "CTVRS") assumes no responsibility for injuries or illnesses which my child may sustain as a results of his/her participation in Vet Camp including the use of any equipment. **I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities.** I also understand that there is a risk of injury to my child while participating in activities around animals. **I agree to hold harmless CTVRS, its staff, and volunteers, for accidents or injuries arising out of my child's participation in the activity.** I agree to have my child examined within a reasonable time period prior to camp by the family physician stating he/she is free from communicable disease and has not been exposed to such. I agree that my child has been medically cleared to participate in all activities. I hereby give my permission to the medical personnel selected by the Vet Camp Director to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Vet Camp Director to secure and administer treatment including hospitalization for my child. **I understand that no accident or medical insurance is provided with this activity.**

**PHOTO/VIDEO:** I also give permission to CTVRS without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or documenting Vet Camp activities, including (but not limited to) on social media.

**SPECIAL ACCOMMODATIONS:** If my child requires special accommodations, I understand that I must contact the camp director at least 1 week prior to the start date of camp.

**I have read and agree to all the policies set forth by Indian Trail Animal Hospital's Vet Camp Program and understand that this form must be completed and return at least 1 week before the first day of my child's camp program.**

Child Name (participant): \_\_\_\_\_

Parent or guardian (over 18yr) Signature: \_\_\_\_\_

Parent or guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed Waiver May be Sent -

**Via Mail:**

Vet-REC: Veterinary Rehab  
Attn: Vet Camp Coordinator  
300 Unionville-Indian Trail Rd  
Indian Trail, NC 28079

**Via E-mail:**

[ITAHvetcamp@gmail.com](mailto:ITAHvetcamp@gmail.com)  
Please put VET CAMP HEALTH  
FORM in the subject line and be  
sure to save the form with your child's  
name in the heading

**Via Fax to:**

704-821-4692  
Attn: Vet Camp Coordinator