



Artios Outpost 2011 Liability Release Emergency Contact Information

Family Last Name: _____

Parent/Guardian Contact Info:

Mother Father Guardian Step-parent

Mother Father Guardian Step-parent

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Cell Phone: _____

Cell Phone: _____

Other Phone: _____

Other Phone: _____

Email: _____

Email: _____

Student Info: (Please list each student attending Outpost.)

Student First and Last Name: _____ Age: _____

Student First and Last Name: _____ Age: _____

Student First and Last Name: _____ Age: _____

Additional Emergency (If parents cannot be reached) and Medical Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Family or Student's doctor: _____ Phone: _____

Person(s) who may pick up student:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

By signing below, I give permission for my student(s), listed above, to receive medical attention in the event of an emergency. This may include administering first aid, obtaining the assistance of a doctor, or going to the emergency room of a hospital. I give permission for my student(s) to take part in all camp activities, including sports, and do hereby release Artios Academies, its affiliate partnerships, and summer camp staff from any liability involving personal injury or material loss while attending the Artios Outpost Camp. In addition, I hereby allow photographs and video of my student's participation in Artios Outpost Events to be published via print, television, videos, or websites which are affiliated with Artios Outpost. I understand that publication may be accomplished electronically via the Internet/World Wide Web, and that after publication Outpost will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying photographs and video therefrom, and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against Artios Academies, its affiliate partnerships, and Outpost staff from the un-consented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web, television, or obtaining copies of the print or video material.

Print parent/guardian name _____

Sign parent/guardian name _____

Today's Date: _____