

Center for Corporate & Community Education 315-792-5300 Fax 315-792-5682

Statement of Risk and Liability, Certificate of Health Emergency Waiver

In consideration for allowing my child to participate in MVCC's Summer Career Camps, I, as his/her parent/guardian represent and affirm to MVCC that:

- 1. I understand that this camp (s) may require a degree of physical activity and that participating in any activity involves a risk of injury or harm.
- 2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the program.
- 3. I certify that my child is in good health and has no physical condition that would prevent him/her from participating in all activities at MVCC.
- 4. In the event of MVCC's inability to locate me, or the emergency contact designee, I give permission to the MVCC staff to take such emergency measures, as they deem appropriate, until such time as emergency contact designee or myself can be contacted. I also give permission to the physician selected by MVCC to provide treatment for my child.
- 5. I further agree that the CCED staff, MVCC, and Oneida County be held harmless from and indemnified against any and all liability, cost, claims, loss, or damage which it may incur as a result of any accident or injury to my child.