The Write Stuff 2016: Young Writer’s Camp
Informed Consent, Waiver & Release

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

I, ____________________________, parent or legal guardian of the above-mentioned student, hereby give permission for my son/daughter to participate in The Write Stuff 2016: Young Writer’s Camp, sponsored by HALE CHARTER ACADEMY and the University Corporation at California State University, Northridge in cooperation with the Cal State Northridge Writing Project, and the Michael D. Eisner College of Education. I understand that the primary objective of the program is to provide students with an enrichment experience as writers. It is further understood that the faculty contracted for this program are credentialed, experienced, highly-qualified teachers.

I understand that The Write Stuff 2016: Young Writer’s Camp will take place from June 22, 2016 through July 8, 2016 (but not on July 4th) and that transportation to and from the Hart Charter Academy campus will be the sole responsibility of the participant.

I hereby authorize The Write Stuff 2016: Young Writer’s Camp directors, staff, and assistants to engage in the following:

1. To allow my son/daughter to attend classes, perform and participate in the enrichment activities sponsored by HALE CHARTER ACADEMY and the University Corporation, and coordinated by the Cal State Northridge Writing Project.
2. To use my son/daughter's name, photograph, and quotes in The Write Stuff: Young Writer’s Camp press releases and publications.
3. To use my child’s writing anonymously as a teaching tool in university classes or as a sample of student work in research articles or academic publications.

I certify that I have read and understand the above noted provisions established for this program.

In consideration of the acceptance of my son/daughter's voluntary participation in the above captioned The Write Stuff 2016: Young Writer’s Camp, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the California State University, Northridge or HALE CHARTER ACADEMY as a result of my son/daughter's participation in the above captioned The Write Stuff 2016: Young Writer’s Camp.

This release is intended to discharge HALE CHARTER ACADEMY and the University Corporation at California State University, Northridge, California State University, Northridge, State of California, the Trustees of the California State University, the University, their officers, employees, representatives and volunteers, and any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my son/daughter's participation in The Write Stuff 2016: Young Writer’s Camp.

It is further understood that accidents and injuries can arise out of The Write Stuff 2016: Young Writer’s Camp; knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.
AUTHORIZATION TO TREAT A MINOR
This consent shall remain effective until August 1, 2016.

I, (we) the undersigned parent, parents or legal guardian of (student's name) ________________________________, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization, given in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any restrictions:
___________________________________________________________________________________________________________

Student’s Birthdate ________________________________  Last Tetanus/Diphtheria Booster ________________________________

Allergies to Drugs or Foods ____________________________________________________________________________________

Any Special Medications, Learning Disabilities or other Pertinent Information:
___________________________________________________________________________________________________________

Telephones where parents can be reached (please provide area codes)

Father’s Name: _____________________  home __________________   business __________________  cell __________________

Mother’s Name: ____________________  home __________________   business __________________  cell __________________

Family Physician: _________________________________________________     Phone ________________________________

Physician’s Address: __________________________________________________________________________________________

Insurance Co. ________________________________     Policy No. ________________________________

___________________________________________________________________________________________________________

Signature of Father, Mother, or Legal Guardian

___________________________________________________________________________________________________________

Address                                                                                           City                                   State                       Zip