



Guardian Authorization and Consent

Dear Parent or Guardian,

Thank you for allowing your child to volunteer at Camp Wheez. Please initial and sign the authorizations below and submit to:

Email: campwheez@sansumclinic.org

Mail: Sansum Clinic - Camp Wheez, PO BOX 1200, Santa Barbara, CA 93102-1200

Please contact us if you have any questions. Thank you!

Sincerely,

Youngmi An, Camp Director
(805) 681-1793

PARTICIPATION AND EMERGENCY TREATMENT WAIVER Initial here: _____

In consideration for being allowed to participate in Camp Wheez, sponsored by Sansum Clinic and held July 31 through August 4, 2023, as parent/guardian I release the organization, its incorporators, physicians, board members, officers, employees, agents, independent contractors and volunteer workers from any liability for injuries which are sustained during the camp, including any necessary transportation. My child has permission to engage in all scheduled activities. I give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization or other treatment is required, my child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE Initial here: _____

I acknowledge and authorize Camp Wheez and Sansum Clinic to take and use photographs, video and written comments of or by my child for promotional and informational materials. I agree to release and discharge Camp Wheez and Sansum Clinic and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

I understand and agree to all of the above.

Print name of child: _____

Print name of parent/guardian: _____

Signature by parent guardian: _____

Date: _____