

# PÓŁKOLONIE WAKACYJNE 2017

Organizator: Szkoła św. Ferdynanda



## MEDICAL/LIABILITY RELEASE AND ACKNOWLEDGMENT OF RISK

**Participant's name:** ..... **Born:** ..... / ..... / .....  
(imię i nazwisko uczestnika) data ur. (miesiąc / dzień / rok)

**Parent (guardian) name:** ..... **Tel:** ( ..... ) ..... **Tel:** ( ..... ) .....  
(imię i nazwisko jednego z rodziców / opiekuna)

**Address:** ..... **City:** ..... **State:** ..... **Zip:** .....  
(adres zamieszkania)

**E-mail:** .....

### Physical conditions that event organizers should be aware of:

.....  
(choroby i dolegliwości, o których organizatorzy powinni wiedzieć)

### Medical insurance:

**participant's agency name and policy#:** .....  
(nazwa agencji ubezpieczeniowej i numer ubezpieczenia)

**none** (bez ubezpieczenia)

I hereby certify that the above named enrollee is in good health and free from any communicable disease. In case of medical emergency (taking place during the course of the event) I hereby give permission to representatives of St. Ferdinand Summer Program (FSP) - and other associated organizations and services to secure treatment for enrollee. I also certify that my insurance company or myself will cover all medical costs. I acknowledge that some of the activities provided by FSP may entail known and unanticipated risks which could result in physical or emotional injury. I agree and assume all of the risks existing in this activity and certify that my kid's participation in this activity is voluntary. I also hereby voluntarily release, forever discharge and agree to indemnify and hold harmless FSP from any and all claims, demands, in any way related to participation in the event. FSP and/or its agent shall not be liable for any sickness, injury, death, damage or loss of personal belongings, delay or accidents of means of transportation, any and all acts of a third party, or any other cases beyond their control. My registration provides FSP the authorization to use photos and videos of you and your registered participants for promotional purposes.

### I understand and accept all terms and conditions presented to me in the English language.

(Rozumiem i akceptuję wszystkie warunki i zasady przedstawione mi w języku angielskim)

X  
.....  
**Signature of a parent**

..... / ..... / 2016  
**Date**