



# Outpost 2015 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: \_\_\_\_\_