

**2021 BayAreaChess, Inc.**  
**In-Person Chess Camp Medical & Photo Release**  
(One per child)

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip-code: \_\_\_\_\_

Daytime/Cell Phone numbers: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Emergency Phones #: \_\_\_\_\_

**Location:**     Menlo Park     San Jose (BAC)     Palo Alto     other \_\_\_\_\_

Week(s) of Camp: \_\_\_\_\_

**Parent/Legal Guardian Consent/Medical Release Form:** In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance Bay Area Chess, its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Parental Consent (required if applicant is less than 18 years of age):

I give my consent for my son/daughter named above to participate in the above activity, and I execute the above liability release on his/her behalf.

**Consent to Treat CHOOSE ONE:**

I don't give my consent to treat and request that medical or surgical services be withheld.

I hereby give my consent to the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in this event. It is understood that the Bay Area Chess and its affiliates provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Photo Release**

I grant to BayAreaChess, Inc., its representatives and employees the right to take photographs of my child and their property in connection with the above-identified subject. I authorize BayAreaChess, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that BayAreaChess, Inc., may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I do not consent to Photo Release terms above.

**Read before Signing** I have read & understood the liability release form, parental consent, consent to treat, and photo release and agree to all their terms & conditions.

Signature, parent or guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2021