



Pediatric Therapy Center, PC 10791 S. 72nd Street, Suite 103 Papillion, NE 68046

402-932-2PTC Fax 402-932-2705 [www.ptcne.org](http://www.ptcne.org)

*Providing the Building Blocks for Success*

### **PERMISSION AND RELEASE FORM**

I/we, the parent(s) or the guardian(s) of \_\_\_\_\_ (“child”), for and in consideration of my/our children being a participant in the Pediatric Therapy Center, P.C. (“PTC”) Fit Friends Camp (the “Camp”), hereby agree as follows:

1. I/We have read and understood this form and information about Camp provided to me and I/we hereby give my/our approval, authorization and permission for my/our child to participate in any and all camp activities including, without limitation, the following: games and activities in the parking lot where PTC’s premises (“Premises”) is located, walking on trails near the Premises, and activities at a nearby playground. I/We acknowledge and agree that participation in such activities is not without an inherent risk of injury to my/our child. PTC will not provide any vehicle transportation to or from any offsite locations.
2. I understand that as a condition of my child being a participant in the Camp, I/we execute this form, verify child has health/medical insurance, and agree to be solely responsible for any and all medical expenses which may be incurred.
3. In the event of injury to my/our child, I/we hereby consent and authorize the administration of all treatments and tests that may be considered advisable or necessary in the judgment of any qualified medical personnel.
4. I/We assume all risks and liabilities which may result from my/our child participating in the Camp’s activities and waive, release, agree not to sue, and forever discharge and hold harmless the Camp and PTC and its owners, directors, officers, employees, representatives and agents from any and all actions, causes of action, claims, demands and liabilities arising out of injury to or damage sustained by my/our child.
5. I/We agree to indemnify the Camp and PTC and its owners, directors, officers, employees, representatives and agents against any and all liabilities or losses, and against all claims or actions caused upon or arising out of damage or injury to persons or property caused by my/our child.
6. I/We understand that photographs and/or video may be taken during the camp activities. My child’s registration constitutes permission to use my child’s picture if it appears in photographs and/or video or on PTC’s web page.
7. I/We understand that this form is being entered into in the State of Nebraska and the laws of the State of Nebraska shall govern its terms and conditions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_