



2021 Camp KSC Medical Authorization

Do not email this form. You must bring it with you to registration.

I/We, the parent(s) or guardian(s) of _____ (the "child") hereby authorize and consent to any and all medical care and hospital treatment deemed necessary for the health and well-being of the Child in case of an accident or medical emergency and in the absence of myself or the other parent or guardian (if applicable) under the direction of an adult representative of Camp KSC at Kennedy Space Center Visitor Complex operated by DNC Parks & Resorts at KSC, Inc. I also assume the responsibility for the payment of any such treatment. I/we hereby acknowledge and agree this Medical Authorization is subject to the Camp KSC Release, Waiver and Indemnification Agreement which was executed and submitted by me/us as part of the Camp KSC Confirmation Packet. I/we agree to indemnify Camp KSC at Kennedy Space Center Visitor Complex Operated by DNC Parks & Resorts at KSC, inc. for or in connection with the medical care and/or hospital treatment rendered by a Medical Provider pursuant to this Medical Release and expenses relating to the treatment of the Child by a Medical Provider, including without limitation, medical bills, transportation of the Child to any Medical Provider or home in the event the Child is no longer able to participate in the Camp KSC at Kennedy Space Center Visitor Complex Operated by DNC Parks & Resorts at KSC, Inc..

Printed Adult Name: _____ **Relationship to child:** _____

Parent/Guardian Signature: _____ **Date:** _____

*** Cell Phone Number:** _____ *** Preferred method of contact**

Alternate Phone Number: _____

Child's Date of Birth: _____ **Age of child at time of Camp:** _____

Are all of your child's immunizations up to date: YES / NO

When was the date of your child's last tetanus shot: _____

List any medications your child may be on during camp. If medication will be taken during camp hours, please attach the Medication Administration Authorization.

List any allergies or special needs your child has (food, medication or environmental):



2021 Camp KSC Medication Administration Authorization

Do not email this form. You must bring it with you to registration.

This form is ONLY necessary if child will be taking medication during camp operating hours.

I/We hereby give our permission for Camp KSC at Kennedy Space Center Visitor Complex operated by DNC Parks & Resorts at KSC, Inc. to administer the following medication to my/our child during the Camp KSC session identified below:

Child's name: _____, who will be
attending camp during (Dates) _____ to _____ 2021.

Name of Medication: _____

Purpose or reason for medication: _____

Frequency given: _____

Dose given: _____

Note: Because campers move to several different locations throughout the day, if children need to take medication during the day they must carry it with them. Camp KSC will only accept the daily dosage of any required medication in the original packaging clearly marked with the medication name and the child's name and assigned camper number.

I/we hereby acknowledge and agree this Medication Administration Authorization is subject to the Camp KSC Release, Waiver and Indemnification Agreement which was executed and submitted by me/us as part of the Camp KSC Confirmation Packet.

Printed Adult Name(s): _____

Relationship to Child: _____

Parent/Guardian Signature: _____ **Date:** _____



2021 Camp KSC COVID-19 ACKNOWLEDGEMENT

Do not email this form. You must bring it with you to registration.

I/We, the parent(s) or guardian(s) of _____ (the "child") hereby represent and warrant that:

(i) the child has or will have undergone a health screening prior to attending Camp KSC, which includes ensuring that they do not have a fever (temperature greater than 100.3) or any symptoms of COVID-19 or other contagious illness (namely, fever, cough, sore throat, chills, repeated shaking with chills, muscle pain, congestion, runny nose, headache, new loss of sense of taste or smell, nausea, diarrhea, vomiting, and shortness of breath or any other symptoms identified by the Centers for Disease Control or state or local health department); and

(ii) the child has not been in close contact with someone with COVID-19 within 14 days prior to the start of my child's participation at Camp KSC or, if they have been in close contact with someone with COVID-19 within 14 days prior to the start of my child's participation at Camp KSC, received a negative results on a COVID-19 test following that close contact.

I/we hereby acknowledge and agree this Medication Administration Authorization is subject to the Camp KSC Release, Waiver and Indemnification Agreement which was executed and submitted by me/us as part of the Camp KSC Confirmation Packet.

Printed Adult Name(s): _____

Relationship to Child: _____

Parent/Guardian Signature: _____ **Date:** _____

CAMP KSC

RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT

(ADULT ON BEHALF OF MINOR)

Do not email this form. You must bring it with you to registration.

I, _____ for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards to my child/children, _____, incidental to, or as a result of, participation in CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX OPERATED BY DNC PARKS & RESORTS AT KSC, INC. including transportation to and from the said activity, and, if applicable, also specifically including, seeking of medical and hospital treatment deemed necessary for the health and well-being of my child/children in case of an accident or medical emergency and/or the administration of medication to my child/children referenced above, during CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX OPERATED BY DNC PARKS & RESORTS AT KSC, INC. I acknowledge the fact that this/these program(s) may have, and/or do involve, physical contact or other conditions or factual circumstances where physical or other injuries may occur. I also understand that due to the contagious nature of COVID-19, I assume all risks that I may be exposed to or infected by COVID-19 while participating in this activity. As legal guardian and/or natural parent of the above referenced child/children, I do hereby waive, release and agree to indemnify and hold harmless THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX OPERATED BY DNC PARKS & RESORTS AT KSC, INC., its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX OPERATED BY DNC PARKS & RESORTS AT KSC, INC., its agents or employees and sponsors or activity supervisors, arising from my child/children's participation in the said activity, including any liability in connection with COVID-19. I, as legal guardian and/or natural parent of the above referenced child/children, assume all risk of injury, liability, and loss arising from my child/children's participation or presence at said activity. I acknowledge that CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX OPERATED BY DNC PARKS & RESORTS AT KSC, INC. will not assume any costs relating to any injury while my child/children are involved in this activity or any medical costs and expenses resulting from medical or hospital treatment provided to my child/children in case of an accident or medical emergency.

This Waiver, Release and Hold Harmless/Indemnification Agreement is in consideration of CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX BY DNC PARKS & RESORTS AT KSC, INC. or activity sponsor permitting my child/children's participation in the activity or program at issue and in further consideration of CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX OPERATED BY DNC PARKS & RESORTS AT KSC, INC. not requiring self-funded liability insurance coverage on my part as a condition precedent to my child/children's participation in the activity. I, as legal guardian and/or natural parent of the aforesaid child/children, freely and voluntarily assume all risk of loss or injury arising from my child/children's participation in the activity whether due to my negligence, my child/children's negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and indemnification, CAMP KSC AT KENNEDY SPACE CENTER VISITOR COMPLEX OPERATED BY DNC PARKS & RESORTS AT KSC, INC. or other sponsors of the activity would not have offered me, or my child/children, the access to the activity because of unacceptable exposure to civil liability claims, or the expense of providing a program that is risk-free.

The invalidity of any provision of this Agreement shall not affect the enforceability or effectiveness of any other provision. This Agreement is governed by the laws of Florida, excluding its choice of laws provisions. Any legal suit, action or proceeding relating to this Agreement will be instituted in the federal or state courts located in Orlando, Florida and each party irrevocably submits to the exclusive jurisdiction of such courts in any such suit, action or proceeding. The parties irrevocably and unconditionally waive any objection to venue of any suit, action or proceeding in such courts and irrevocably waive that any such suit, action or proceeding brought in any such court has been brought in an inconvenient forum.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, or my child/children, might otherwise be entitled if my child/children are hurt or suffer loss during his/her/their participation in that activity.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.

YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.

YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU

DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS ____ DAY OF _____, 20____.

Parent /Guardian Signature

Parent/Guardian Name (printed)

Signed in the presence of the following witnesses:

(signature)

Name of Witness (printed)

This form must have a witness signature when the form is signed.

The witness must be a person over the age of 21.

If the witness signature is missing when the form is submitted on the day of the event a new form will need to be signed in the presence of the Education staff