



SAN DIEGO LATINO FILM FESTIVAL + DIGITAL STORY STATION + DIGITAL MEDIA WORKSHOPS + TEEN PRODUCERS PROJECT

# Release Authorization & Medical Form

## Health and Medical Waiver

The camper’s parent/legal guardian warrants that the camper is physically fit and able to participate in the camp activities, and consents to any employee, agent, or other personnel affiliated with the MEDIA ARTS Center San Diego’s Media and Tech Camp (“MEDIA ARTS Center San Diego Personnel”), to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of MEDIA ARTS Center San Diego Personnel for the above-named camper in the event of an accident, sudden illness, or other condition that occurs while the above-named camper is in the care or under the supervision of MEDIA ARTS Center San Diego Personnel.

The parent/legal guardian further understands that MEDIA ARTS Center San Diego Personnel will make reasonable efforts to notify the parent/legal guardian or another parent of the camper in the case of an accident, sudden illness or other condition, but authorizes MEDIA ARTS Center San Diego Personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

The parent/legal guardian signing this form releases MEDIA ARTS Center San Diego, Inc., and all MEDIA ARTS Center San Diego Personnel from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all the costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

## Liability Waiver

The parent/legal guardian agrees to hold harmless MEDIA ARTS Center San Diego, Inc., all MEDIA ARTS Center San Diego Personnel, and the owners of any properties in MEDIA ARTS Center San Diego made available for camp activities, from any claims, damages, losses and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such camp activities. The parent/legal guardian also warrants that participation in this camp is voluntary and that the camper and the parent/legal guardian understand the inherent risks involved in camp activities, and the camper agrees to obey all rules and policies mandated by camp personnel.

Parent or Guardian’s Name (please print): \_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



SAN DIEGO LATINO FILM FESTIVAL + DIGITAL STORY STATION + DIGITAL MEDIA WORKSHOPS + TEEN PRODUCERS PROJECT

Please list any medications, allergies, and/or any and all conditions, medical or otherwise that MACSD Media Arts Instructors should be aware of:

**ALLERGIES/ALLERGIC TO**

---

---

---

---

---

---

**MEDICAL CONDITIONS**

---

---

---

---

---

---

**OTHER ITEMS/CONCERNS THAT STAFF SHOULD BE AWARE OF**

---

---

---

---

---

---