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**PARTICIPANT RELEASE FORM**

The Lupus Foundation of Southern Arizona (LFSA) is pleased to help your children have a summer camp experience.

acknowledges, understands, accepts full responsibility for the safety and welfare of her children while attending summer camp and releases the Lupus Foundation of Southern Arizona from any liability.

The purpose of this assumption of risk statement is to inform you of the inherent risks for any and all activities associated with the summer camp. **Accordingly, I , releases, discharges and agrees to hold harmless and indemnify The Lupus Foundation of Southern Arizona, Inc.’s staff and board of directors, from any and all claims, actions and causes of action of every kind and nature whatsoever.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has provided proof of Lupus diagnosis.



**I acknowledge and release LFSA, its Board Members and Directors, and Staff of all responsibility, indemnify and hold LFSA harmless of any claims, actions and causes of action of every kind and nature whatsoever at and during the summer camp.**

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **NAME OF PARENT**

**For our records, please print your name, telephone number and address:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

TelephoneE-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp to be attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost per child $\_\_\_\_\_\_

Camp address:Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_ State AZ Zip\_\_\_\_\_

Number of children attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of children attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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