

Project Destiny

March 14-18, 2011

PARENTAL RELEASE FORM

THIS FORM MUST BE COMPLETED FOR EVERY CHILD THAT IS REGISTERED ONLINE FOR PROJECT DESTINY AND RETURNED TO OUR OFFICE VIA FAX OR MAIL, OR IN PERSON. ALL FORMS MUST BE RETURNED BY TUESDAY, MARCH 1, 2011 OR ADMISSION TO PROJECT DESTINY WILL NOT BE GRANTED.

I acknowledge that my child(ren), _____

have been registered to attend byDesign's Project Destiny summer camp from March 14 -18, 2011. While I understand that all reasonable care will be taken by the faculty and volunteers, I accept full responsibility for any accidents or injuries my child incurs during Project Destiny. In the case of an emergency, I authorize faculty/volunteers to take any action deemed necessary if I am not immediately available. I give permission for my child to be transported to the physician's office or the hospital, with no liability to the driver. An ambulance may be called to transfer my child to the hospital if required.

I accept all risks associated with participation in the Project Destiny program. I hereby release Project Destiny and its directors, coordinators, employees and other assigned representatives or volunteers from all liability and for any damages and/or injuries which may be sustained or suffered by my child while participating at Project Destiny.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date (day/month/year): _____