

**PROJECT D.E.E.P. (DORCHESTER EDUCATIONAL ENRICHMENT PROGRAM)  
PARENTAL RELEASE FORM**

STUDENT NAME: \_\_\_\_\_

PLEASE INITIAL EACH LINE

\_\_\_\_\_ I the parent and/or guardian of the above named registrant – a minor – agree that the registrant and I will abide by the rules of Project D.E.E.P. Association, Inc. (hereinafter “Project D.E.E.P.”). I hereby give my approval for the registrant to participate in any and all Project D.E.E.P. activities including but not limited to the Project D.E.E.P. Summer Camp Program.

\_\_\_\_\_ I assume all risks and hazards incidental to such participation, and do hereby knowingly and willfully waive, release, absolve, indemnify and agree to hold harmless Project D.E.E.P., its officers, directors, consultants, agents, employees, organizers, sponsors, supervisors, participants, volunteers and any other individuals or entities associated with the program from any actions, claims, damages or the like arising out of any injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by applicable accident or liability insurance.

\_\_\_\_\_ I understand that Project D.E.E.P. may display the names and/or images of its students, volunteers, staff or other individuals associated with the program, on its website – [www.projectdeep.org](http://www.projectdeep.org) – or in approved publications. I understand that Project D.E.E.P. does so sparingly and responsibly; I do hereby knowingly and willfully waive, release, absolve, indemnify and agree to hold harmless Project D.E.E.P., its officers, directors, consultants, agents, employees, organizers, sponsors, supervisors, participants, volunteers and any other individuals or entities associated with the program from any actions, claims, damages or the like arising from the use of the name and/or image of my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by applicable accident or liability insurance.

\_\_\_\_\_ I assume all risks and hazards incident to the transportation of my child to and from any and all Project D.E.E.P. events or programs including but not limited to the Project D.E.E.P. Summer Camp Program, and do hereby knowingly and willfully waive, release, absolve, indemnify and agree to hold harmless Project D.E.E.P., its officers, directors, consultants, agents, employees, organizers, sponsors, supervisors, participants, volunteers and any other individuals or entities associated with the program from any actions, claims, damages or the like arising out of any injury to my child therefrom, whether the result of negligence or for any other cause, except to the extent and in the amount covered by applicable accident or liability insurance.

\_\_\_\_\_ I understand that Project D.E.E.P. director(s) reserve the right to dismiss a participant if, in his or her judgment, the behavior of the participant interferes with the rights of others or the smooth functioning of a group or activity, violates the Project D.E.E.P. programs' principles of conduct, violates the guidelines as set forward in the Parent Contract and/or the Student Contract, or if there are special needs not brought to attention of Project D.E.E.P. and its director(s) at the time of registration.

\_\_\_\_\_ I hereby give permission to the medical personnel selected by Project D.E.E.P. Associates, Inc. director(s) or any of its associated Summer Camp Program director(s) to order x-rays, routine tests, and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by any of the above stated individuals or entities to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above, if necessary, and to hold Project D.E.E.P. harmless in such event(s).

\_\_\_\_\_ I hereby agree to complete the Emergency Information Form included in this packet, and will provide proof of a recent medical physical examination (within one year) attended to by a licensed physician. Furthermore, I attest that the health history detailed on the Emergency Information Form is correct to the best of my knowledge.

\_\_\_\_\_ I understand that Project D.E.E.P. Association, Inc. and all of its related programs including but not limited to the Project D.E.E.P. Summer Camp Program does not provide health and/or accident insurance coverage. My child has insurance coverage as outlined below:

INSURANCE COMPANY: \_\_\_\_\_ POLICY and/or GROUP NUMBER: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY and/or GROUP NUMBER: \_\_\_\_\_

HOLDER INFORMATION or ADDITIONAL INFORMATION: \_\_\_\_\_

PARENT or GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_