

MISSOURI SOUTHERN SPANISH VILLAGE



RELEASE FORM

For _____

(Camp Participant's Name)

I, the undersigned parent or legal guardian, acknowledge and understand and agree that by participating in the Missouri Southern Spanish Camp there is a possibility of physical illness or injury or damage to person or property, and that my child is assuming the risk of such injury by participating.

I give consent to the staff of the Missouri Southern Spanish Village to transport and supervise my child for all off-campus activities and/or in case of any medical emergency.

I understand and agree that all expenses of medical treatment are my responsibility. In the event of a medical emergency, I request that my child be taken to:
(check one)

_____ Freeman Hospital _____ St. Johns Hospital _____ no preference

I understand that Missouri Southern Spanish Camp produces promotional material about the program. I understand and agree that my child may be included in videotape or photography taken during the camp for promotional materials. I hereby grant Missouri Southern Spanish Village the exclusive right to photograph and/or videotape my child and to use that in advertising and promotion of the camp.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Please mail this form to:
International Language Resource Center, MSSU, 3950 E. Newman Rd.
Joplin, MO 64801-1595