



**Gurukul Pleasanton Academy,  
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## **[ GPA Summer Camp, Field Trips Waiver and Release Form ]**

**STUDENT NAME \*:**

**EMERGENCY CONTACT #1 \*:**

**EMERGENCY CONTACT #2 \*:**

Allergy Information: (If Any.):

Special Assistance:

### **Waiver & Release:**

**Consideration:** I acknowledge the personal benefits accruing to my child by reason of participation in the above described event and am aware of the activities which my child will be involved through said participation.

**Release / Indemnification:** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Gurukul Pleasanton Academy ( aka GPA ), and camp location, its directors, employees, agents, volunteers, and affiliates ("GPA" and "camp location") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child's participation in the event activities (the "Claims"). I agree to indemnify and hold harmless GPA and camp location for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk:** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Medical Emergency:** In the event of an injury or medical emergency, I understand that the camp instructor, not GPA and camp location, will be responsible for the medical care of all attendees. It will be the camp instructor's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians or minors. I release GPA and camp location from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all camp events.

**Technology Camp Authorization Addendum:** I acknowledge that during my child's participation in GPA Weekend or Summer Camp that certain risks do exist. These include, but are not limited to, the hazards of outdoor and indoor physical activities, and risks associated with access to the Internet (viruses/malware). In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my child's participation in these programs.

**Understanding:** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.

**Media Consent:** I give my consent and permission for the taking of photographs and/or video of my child during the described event and waive and/or assign any and all rights (including copyright) in such media to GPA, as the sole owner of such media, shall have exclusive rights to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

YOUR EMAIL \*:

SIGNATURE/NAME \*:

DATE \*:

RELATIONSHIP TO STUDENT \*: