Vet Camp 2019 Registration Form

Student Name:	Age:	Grade E	ntering:	
Circle: Middle School Camp Wed	nesday August 7 th , Hi	igh School C	Camp Thursday Aug	ust 8th
Circle: Male / Female Ad	ult T-shirt Size:			
Parent/Guardian Name:				
Street Address:				
Phone:	Email:			
Phone: Emergency Contact: Name:		Phone:		
Payment \$65 per Student Paid: Red Star Veterinary Clinic) We will provide 2 snack breaks and them with snacks and lunch.				
Waiver and Release Form:				
l,	the undersigned	Parent or I	egal Guardian of	
, a min				inating in
"Vet Camp" with Red Star Veteri	=	_	· · · · · · · · · · · · · · · · · · ·	
insurance policy with Red Star Ve	•		•	•
insurance coverage and in the ev				
_		•	• .	•
claims with my insurance compa				
emergency or non-emergency si				-
for any and all medical and/or de				
minor child in the event of an ac	• •	•		
limited to, the administration of				
anesthesia and/or surgery, unde		=	-	-
preference to have the child care	ed for at		Hospital if th	ne situatior
allows for a choice.				
I do hereby release and forever of	discharge Red Star Vet	terinary Clir	nic, LLC., and any of	its
sponsors, partners, affiliates, pa	•			_
from any and all claims, demand	s, rights of action, cau	uses of actio	ons, or any claims of	f any kind
which the minor child may have	against Red Star Vete	rinary Clinic	c, LLC. whether now	known or
unknown arising out of, or to aris	se out of, or in any wa	y connecte	d with, directly or in	ndirectly,
the minor child's participation at	"Vet Camp". I further	r state that	I have carefully rea	d the
foregoing Release and know the	contents thereof, and	d I sign the s	same as my own fre	e act.
Media Coverage: Throughout the	e duration of each ses	sion, there	are opportunities fo	or
photographic coverage of the pa				
photos could be used for media		-		
assist Red Star Veterinary Clinic,	LLC. in marketing the	following y	ears "Vet Camp". I	
permission for these photograph	is to be used for the a	bove purpo	oses.	
Signature:	Date:			

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