



CHILD'S NAME _____

FCCC SITE _____

ILLNESS POLICY PARENTAL AGREEMENT

(Refer to FCCC's 2024 Summer Camp Handbook for the entire Illness Policy.)

- FCCC will notify parents when their child becomes ill and arrangements shall be made for the child to be picked up as soon as possible.
- The Executive Director must be notified within 24 hours if a child or a member of the immediate household contracts a contagious illness. Life threatening diseases must be reported immediately.
- I authorize FCCC to obtain medical care if any emergency occurs when I cannot be immediately located.

Parent/Guardian Signature _____

Date _____

ACKNOWLEDGEMENT OF HANDBOOK RECIEPT

It is FCCC's policy to email a link to the digital version of the 2024 Summer Camp Handbook to all parents as part of their enrollment confirmation. FCCC's 2024 Summer Camp Handbook is also available on our website at www.fcccva.org. Paper copies are available upon request.

- I acknowledge that I have received FCCC's Summer Camp Handbook.

Parent/Guardian Signature _____

Date _____

INDEMNIFICATION AGREEMENT

In consideration of participating in FCCC's Summer Camp Program ("the Program"), and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence, FCCC and its directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- I expressly accept and assume all of the risks inherent in participation in the Program or that might have been caused by the negligence of the Releasees. My child's participation in the Program is purely voluntary and we elect to participate. If at any time I believe that event conditions are unsafe or that my child is unable to participate due to physical or medical conditions, then I will immediately discontinue participation;
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in the Program arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs;
- I further represent that my child has no medical or physical conditions which could interfere with the child's safety in the Program;
- In the event that I file a lawsuit, I agree to do so in the state of Virginia, and I further agree that the substantive law of that state shall apply; and
- I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Parent/Guardian Signature _____

Date _____