



## HEALTH FORM

Special Concerns. You know your child better than anyone. What can you share that will help us serve your child? Any behavioral problems or special physical, emotional, psychological, or medical needs, should be identified here and discussed with the camp director.

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Medication. IncrediFlix Inc., does not administer medication, with the exception of an EpiPen in the case of an allergic reaction. Please list any allergies your child has below, and if your child will have an EpiPen with him or her.

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IncrediFlix Inc., requires that it have documentation verifying that each child's parent understands and accepts its policies on the following issues. Please read this Release Agreement and sign your name below to indicate your understanding and acceptance. This waiver cannot be modified in any way and your child's attendance in this camp is acceptance of this agreement.

**Please note: Your movies become the property of all participants, who have the right to share online (please see Multimedia Waiver). If this is not an acceptable term, we cannot have your child participate in this camp, as we cannot limit potential exposure of any movie.**

## RELEASE AGREEMENT

Cancellation. IncrediFlix Inc., works with third-parties (e.g. community centers, schools, etc.) to take registrations. We abide by the third-party cancellation policies if your child cannot attend the camp.

Lost Items. I understand that IncrediFlix Inc. is not responsible for any personal items lost or stolen at its programs. IncrediFlix Inc., strongly recommends not bringing items of great value, and writing your child's name on all personal items brought to any IncrediFlix Inc. program.

Multimedia Waiver. By signing this form, the parent or guardian acknowledges and accepts that IncrediFlix Inc., third-party program participants (e.g. recreation centers, private camps, schools, etc.), and other students parents/guardians shall own all works created in its programs, and permits IncrediFlix Inc., to use the photographs, motion pictures, voices, and/or any other images or likenesses of their child as a program participant for all uses, both commercial and non-commercial, including promotional materials published and used by IncrediFlix Inc (e.g. sharing a movie on the IncrediFlix Inc. Facebook page). IncrediFlix Inc. and third-party program participants shall also be held harmless and have no liability for any use of any image or likeness of a participant by a person, group, and/or entity receiving images or likenesses as a third-party participant.

Medical Emergency Release. The undersigned parent/person having legal custody/legal guardian of the named child, a minor, hereby authorizes IncrediFlix Inc., as agent(s) for the undersigned to consent to any care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, including the supervision of a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician may, in the exercise of his/her best judgment, deem advisable.

Release and Waiver of Liability and Indemnification Agreement. The undersigned, on his/her behalf and on behalf of the named participant releases IncrediFlix Inc., its directors, officers, employees, and agents from all claims and liability to the undersigned or named child and each of their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property of the undersigned or named child.

**I HAVE READ THIS RELEASE AGREEMENT. I UNDERSTAND AND AGREE TO THE RELEASE STATED ABOVE.**

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
PRINTED NAME OF CHILD & BIRTHDATE

\_\_\_\_\_  
PRINTED NAME OF PARENT

\_\_\_\_\_  
(EMERGENCY) PHONE NUMBER OF PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER (EMERGENCY) PHONE NUMBER AND NAME

**In order to download your child(ren)'s film, IncrediFlix Inc. requires a valid email address on file. Under no circumstances will your contact information be given, loaned or sold to a third party for any reason. Thank you for trusting us with your information. Please Print clearly. Email Address:\_\_\_\_\_**