



PHOTO RELEASE FORM

I, _____ (parent/guardian's full name) hereby authorize WMAACS Summer Camp to use pictures of _____ (camper's name) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). The undersigned hereby releases WMAACS Summer Camp, its staff and counselors, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid videotape, testimonial, motion picture, digital image, or photograph likeness may be used pursuant to this Consent and General Release. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Signature of Parent or Guardian: _____

Printed Name: _____

Date: _____

Camper's Name: _____

Camper's Date of Birth: _____



We look forward to seeing your camper this summer. If you have any further questions, please feel free to contact our Head Counselors, Emily and Maddie, at wmacscamp.info@gmail.com

wmacscamp.com



照片發佈表格

我, _____ (家長/監護人的全名) 特此授權 WMAACS 夏令營使用以照片、數字圖像、錄像帶、電影和/或證明(書面文字)拍攝的 _____ (營員姓名) 的照片。簽署人特此免除 WMAACS 夏令營、其工作人員和輔導員以及上述圖片的任何和所有用戶和參展商對上述錄像帶、證言、電影、數字可根據本同意書和一般授權書使用圖像或照片相似性。我同意, 我不會因我的肖像或推薦提告而獲得任何補償。

家長或監護人簽名:

正楷姓名:

日期:

營員姓名:

營員出生日期:



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Summer Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in the Washington Metropolitan Association of Chinese Schools (referred to as 'WMACS') Summer Camp.

I understand that camp activities could include play and outdoor activities in, around, and near the Notre Dame of Maryland University grounds, runs and walks around campus wherein there could be mosquitos, bees, and slippery and jagged surfaces among other dangers and risks. I also understand that my child may be walking along streets on and around campus. I also understand that outdoor activities may occur in the hot sun and in the rain. I give my permission for WMACS camp leaders to apply or assist with the application of insect repellent and sunscreen.

In the event of illness, injury, and/or accident, I authorize the WMACS counselors and/or staff members to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary medical expenses not covered by WMACS including, but not limited to all costs associated with treatment, all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the WMACS may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that WMACS is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of WMACS counselors, staff, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the WMACS, its camp counselors, staff, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the WMACS organization and/or summer camp, its camp counselors, staff, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. WMACS, its counselors, staff, directors, all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly)

Age

Parent/Guardian Printed Name (Please print legibly) // Parent/Guardian's Signature // Date (If under 18 years old, Parent or Guardian must also sign)



HOUSING PREFERENCE FORM

In alignment with WMAACS Summer Camp’s commitment to establishing an inclusive environment for campers, we are excited to offer a gender-inclusive housing option this year.

Our utmost priority is to ensure that all campers feel safe and respected during their time at camp, and we recognize that traditional same-gender room assignments may not be comfortable for all campers.

Gender-inclusive housing is a living environment in which campers are not restricted to traditional limitations of the gender binary (girl/boy); this initiative is based on the notion that multiple gender identities exist. Gender-inclusive housing means that campers from all gender identities may choose to live together, and they will have access to gender-neutral bathrooms in the dormitory. By offering a gender-inclusive housing option, we hope to provide a living environment that is welcoming to all gender identities.

Campers must indicate that they are interested in gender-inclusive housing in order to participate in this option. **Since we strive to make every camper feel comfortable, the housing preference indicated on this form will be honored.** Gender-inclusive housing will not affect campers who choose same-gender room assignments.

We encourage parents to have open conversations with campers to decide on which option would be best for the camper. Campers under 18 years old are required to have parental/guardian consent on their housing preference. We are eager to share more about this initiative and answer any questions or concerns you may have. Please reach out to our head counselors, Maddie Tchong and Emily Cheng, at wmacscamp.info@gmail.com, and visit our FAQ page for more information (<https://wmacscamp.com/sc-faq/>).

____ I would like to participate in gender-inclusive housing.

____ I would like to participate in same-gender housing.

Camper’s Full Name

Parent’s/Guardian’s Full Name

Parent’s/Guardian’s Signature

Date