

CNI Cochlear Kids Camps Family Release Form



Mail your registration, YMCA waiver and this release form to:
CNI Cochlear Kids Camp, 701 E. Hampden Ave., Ste. 330, Englewood, CO
80113-2776. Contact Judith Stucky at jstucky@thecni.org with questions.

- With the understanding that the Colorado Neurological Institute (“CNI”) will make every reasonable effort to prevent accidents, injuries or other mishaps, the undersigned agrees to indemnify, release and hold harmless CNI, its officers, agents or employees, for any and all claims, demands, costs, and expenses, including reasonable attorney’s fees, that CNI may suffer as a result of any claim, action, demand or judgment against it arising from the attendance at camp by this applicant and/or family members. The undersigned, however, does not indemnify CNI for any acts of negligence on the part of CNI.
- The undersigned agrees that photographs, video or motion pictures may be taken of the volunteer/presenter and/or family members while in attendance at the camp, and that said photographs, video or motion pictures may be published in newspapers, magazines, television, publicity releases and/or other media at the discretion of CNI.
- The undersigned agrees not to attend or send any family member to the CNI Cochlear Kids Camp if he/she has been exposed to a contagious disease within three (3) weeks of the starting date of camp, and to notify the CNI Cochlear Kids Camp Coordinator immediately if this situation should arise.

(Parent/Guardian Signature)

(Parent/Guardian Printed Name)

(Date)