

Valley of the Moon Scottish Fiddling School

LIABILITY WAIVER AND ACCEPTANCE OF RESPONSIBILITY

****All participants must complete one form per family group****

Please complete this form and return it **before July 1, 2010**.

I, _____ accept full responsibility for the

supervision, health and well-being of the following family group, including any minor child for whom I will act as guardian (list names):

_____ ,
and assume any and all risks that might be associated with the activities in which we may be involved throughout camp. I understand that all members of my party are expected to comply with rules, regulations and guidelines for behavior as established by the camp staff and directors, and that non-compliance may be cause for dismissal from camp premises.

I release Scottish Fiddlers of California and all camp directors & staff from any and all liability due to any accident or injury that may occur during our participation in the camp. I understand that the Valley of the Moon Scottish Fiddling School does not provide health supervision services, doctor, physician's assistant, nurse or emergency services, and that while there are first aid supplies at camp, in the event of a medical emergency, qualified first-responders are several minutes away.

Camp staff and medical personnel should be aware of the following medical conditions and known allergies, and/or medications currently taken by the following individuals in my group:

Signature _____ Date _____

Return to: Valley of the Moon Scottish Fiddling School
Attention: Cherry Clark
1281 Fifth Ave, San Francisco, CA 94122