



PZ Math Calculus Prep Camp Waiver Form

Please return this form via regular mail (PZ Math Calculus Camp, 1136 Main Street, Williamstown, MA 01267) or email: pzmath@pzmath.com

WAIVER & CONSENT FOR MEDICAL CARE

I hereby give permission for medical attention to be administered to my child in the event of a medical emergency. When I cannot be contacted, I hereby give my consent to have my child transported to a hospital emergency room and the hospital and medical staff have my authorization to provide any treatment, at my expense, that a physician deems necessary for the well-being of my child.

I hereby waive and release the PZ Math Corporation, and its trustees, officers, teachers, employees, counselors, volunteers, agents and assigns from and against any and all present and future claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs, resulting from any damage, loss, personal injury, or illness to my child and/or damage to my child's property arising from or out of my child's attendance or enrollment in, or out of my child's participation in activities at or offered by, the PZ Math Summer Camps.

I agree to the PZ Math Terms and Conditions, including the Code of Conduct for participants, and I have gone over this information with my child.

Student Name: _____

Name of
Parent/Guardian(print) _____

Signature: _____

Date: _____

Contact us at pzmath@pzmath.com or 413-458-1849.