



Center for Corporate & Community Education
315-792-5300
Fax 315-792-5682

1101 Sherman Drive
Utica, New York 13501-5394
www.mvcc.edu/cced

MVCC College for Kids and Teens Student Information/Liability Form

In an effort to give your child a safe, secure, and fun experience, we ask that you please fill out the information below, sign and email this form to ccedreleaseforms@mvcc.edu prior to 2/18/19. If you have any questions, please call Sara Vivyan, Coordinator, College for Kids and Teens, at 315-792-5300.

- Please drop off/pick up campers in the Lobby of Whitesboro Middle School. There will be designated sign in/out tables.
- MVCC is not responsible for lost belongings. Items will be held in the CCED office, room AB 154, for one week after camp.
- Please read and either sign or opt out of the photo release form. Signing this form gives absolute right and permission to use your child (s) videotape (s) and photograph (s) in MVCC's promotional materials and publicity efforts.
- Your child may be suspended or terminated from camp, at the discretion of the Coordinator, College for Kids and Teens, for inappropriate language or behavioral problems that endanger other people or create an unfavorable atmosphere for the rest of the group. There will be no refunds for suspensions or terminations.

Camper/Child's Name: _____

Camp Name: _____

(Please list all camps child is registered for)

Emergency Contact Person

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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Statement of Risk and Liability, Certificate of Health Emergency Waiver

In consideration for allowing _____ to participate in MVCC’s School Break Camps, I, as his/her parent/guardian represent and affirm to MVCC that:

1. I understand that this camp (s) may require a degree of physical activity and that participating in any activity involves a risk of injury or harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the program.
3. I certify that my child is in good health and has no physical condition that would prevent him/her from participating in all activities at MVCC.
4. In the event of MVCC’s inability to locate me, or the emergency contact designee, I give permission to the MVCC staff to take such emergency measures, as they deem appropriate, until such time as emergency contact designee or myself can be contacted. I also give permission to the physician selected by MVCC to provide treatment for my child.
5. I further agree that the CCED staff, MVCC, and Oneida County be held harmless from and indemnified against any and all liability, cost, claims, loss, or damage which it may incur as a result of any accident or injury to my child.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Medical Information

Please list any allergies: _____

Does your child wear contact lenses, a hearing aid or other assistive device? Yes No

Does your child have a chronic disease or condition that we should be aware of? Yes No

Does your child have any special needs? Yes No

If you answered yes to any of the above questions, please specify: _____



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Photo Release Form

I irrevocably grant to Mohawk Valley Community College (MVCC) the absolute right:

1. To take or cause to be taken videotape and photographs of me or my child;
2. To copyright such videotape and photographs in the name of MVCC;
3. To use or authorize the use of the finished videotape and photographs and any reproductions thereof, severally or in conjunction with other videotape and photographs, in any medium, manner and form and for any purpose whatsoever, including without limitation illustration, promotion, advertising, trade, display, exhibition or use in any periodical, journal or other publication.
4. Furthermore, I assign to MVCC all right, title and interest I may have in the above-referenced videotape and photographs, including all finished copies, negatives and reproductions thereof and release and discharge MVCC including without limitation any claims for libel or alleged misrepresentation of me or my child by virtue of alterations, or any use of such videotape and photographs authorized by MVCC.

Camper/Child's Name: _____

Camp Name: _____

(Please list all camps child is registered for)

I am over eighteen and have read and fully understand the contents of this release.

Name of Parent/Guardian: _____

Signature _____ Date _____

Opt out of Photo Release