

ZOROASTRIAN ASSOCIATION OF HOUSTON

Z-CAMP WAIVER FORM

I/We, _____, as the parents and/or legal custodians of
(1) _____, (2) _____,
(3) _____, (4) _____
a minor, do hereby authorize ZAH Z-Camp organizers and/or volunteers, attending the
Z-Camp at ZHCC, 8787 W. Airport Blvd, Houston, TX – 77071 to take medical care
decisions regarding emergency and non-emergency medical care of
_____. They are responsible for his/her physical health
and are authorized to represent us and approve medical treatment.

It is understood that this authorization is given in advance of any specific diagnosis,
treatment, or hospital care being required but is given to provide authority and power on
the part of ZAH Z-Camp organizers and/or volunteers to give specific consent to any and
all medical treatment.

Camper/s will abide by **ALL** the rules set out by the organizers of the ZAH Z-Camp.
Failure to do so will result in camper/s being removed from the camp and sent home.

I/We will NOT hold ZAH or any board member or the organizer(s), responsible for any
accidents and/or mishaps either to themselves, to their vehicles or any other vehicle(s),
person(s) and/or property.

I/We understand that ZAH nominated photographers/videographers will take
pictures/videos and ZAH may post them on the ZAH website and may use the
pictures/videos on ZAH brochures, presentations. ZAH is not responsible for pictures
taken by other than the nominated photographers/videographers.

These authorizations are effective commencing when attendees arrive on the 27th day of
July, 2018, and shall remain effective until the 29th day of July, 2018.

Parent/Guardian 1

Parent/Guardian 2

Date: _____

Date: _____

Phone numbers (Mandatory): _____

Cell

Home

Insurance information (Mandatory):

