



CONSENT, RELEASE AND MEDICAL AUTHORIZATION

Parent/Legal Guardian _____

Room # _____

Child's name _____

DOB ____/____/____

Age _____

Child's name _____

DOB ____/____/____

Age _____

Child's name _____

DOB ____/____/____

Age _____

Home Address: _____

Home Telephone Number: _____

Hotel arrival date: _____

Hotel departure date: _____

To ensure your child has a safe and fun experience, please complete the following:

Please list any allergies to food or medication: _____

Are there any physical limitations, medical conditions or special situations we need to be aware of?

Where can you be reached in the event of an emergency (please list names and numbers, including cell phone numbers) Name _____ Cell phone # _____

Name _____ Cell phone # _____

Who is authorized to pick up your child? _____

The undersigned parent/guardian of minor _____ verified that the child is in good health and can participate in the Camp Grande activities. In the unlikely event that my child is injured or sick, I hereby give my consent for all medical care prescribed by a licensed doctor of medicine as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent.

The undersigned parent/guardian agrees to place my child in Camp Grande and hereby releases and discharges forever, Hilton Hotels Corporation, the Grand Wailea Resort Hotel & Spa, its owner and the foregoing entities' officers, directors, partners, employees and agents from any and all claims, demands, judgements, damages, losses, costs, and expenses, including reasonable attorney's fees, because of any matter, incident or thing done, omitted or suffered to be done by any person, which may arise from or out of my child's participation in Camp Grande.

Initial the following:

_____ Camp Grande has my permission to apply sunscreen on child/children

_____ Late pickup fees are \$10 per child per 15 minutes

_____ Child/Children are able to purchase snacks/merchandise up to \$_____

_____ **Child/Children must be able to swim independently with or without a life vest**

Date _____

Signature: _____

Parent/Guardian