BIAC
BRAIN INJURY ADVENTURE CAMP

The undersigned agrees to indemnify and hold harmless the BIAC for any and all claims, demands, costs, expenses, including reasonable attorney's fees, that the BIAC may incur as a result of any claim, action, demand or judgment against it arising from the attendance at camp by this applicant. Provided, however, that the above and foregoing shall not be construed to indemnify the BIAC from any act of negligence or fault on the part of theBIAC, its officers, agents or employees.

The undersigned does consent that photographs or video pictures may be taken of the named applicant during the camp period, and that said photographs and video may be published in newspapers, magazines, television, publicity releases and/or other media.

The undersigned, in case of an emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. This medical care shall include, but is not limited to, examinations, treatments, immunizations, injections, anesthesia, surgery and other procedures, etc.

Group Release Form - Organization Name_____ Date:_____

Print Name	Signature	Print Name	Signature