

**Release and Application for Exemption From
Treatment Requirements**

It is respectfully requested that _____ (child's name) (the "Child") be exempted upon religious grounds from the physical examination, treatment, and all immunization requirements required for attendance at Monmouth County Park System ("MCPS") camps. To the best of my knowledge and belief, the child is currently and has been in normal, good health, is free from all communicable or contagious diseases and does not have any allergies.

I, the parent/guardian, have refused to sign the consent to treatment form but I understand, acknowledge and agree that if the Child manifests an illness I will pick up the child immediately and not return them to the camp until such time as the camp policies and procedures allow and, in my absence, that some other person listed on their forms as alternate contacts will pick them up. It is further understood that, should an emergency arise, I will be notified immediately using the contact information provided below. However, in the event that I cannot be reached immediately, the authorities of the camp may take such temporary measures as they deem necessary, including without limitation, calling 911.

Should _____ the child manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious disease, I agree that such a scenario will be deemed an emergency and a physical examination may be performed. I further agree that if any such disease is found, the child will comply with the regular quarantine or isolation procedures of the camp and MCPS policies.

I hereby agree to hold harmless and release the Monmouth County Board of Recreation Commissioners, the County of Monmouth and their employes, appointees and agents (the "Released Parties"), from all claims I or my child may have including the institution of a lawsuit against one or more of the Released Parties for any injuries or losses sustained by me or my child as a result of any treatment received by the Released Parties, or which was offered by the Released Parties but declined.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of the child against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release and have the authority to execute this Release on behalf of the child..

Signature _____ **Date** _____

Name _____

Relationship to Child: _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone: _____