

Ascension

Summer Camp

Sunscreen Waiver

Date: _____

You are hereby authorized to apply sunscreen to:

First and last name: _____

Name of sunscreen: **Coppertone Kids Continuous Spray SPF 50**

Name of face stick: _____

We will apply sunscreen thirty minutes prior to going outside.

In consideration of your administering the sunscreen as described in the foregoing, the undersigned hereby agrees that neither Ascension Summer Camp, nor any of their employees, agents, or officers will be held liable in any way for any injury, loss, death, or damages arising out of or resulting from administration of the foregoing described sunscreen, and further holds harmless and releases Ascension, their agents, employees, and officers from liability for any claim by or in behalf of _____

(child's name) resulting from administration of such sunscreen.

This sunscreen waiver is valid from June 1st, 2019 – August 31st, 2019. At that time all unused sunscreen will be discarded by Ascension staff.



Parent/Guardian's Signature