



**CONWAY POLICE DEPARTMENT**  
**G.R.E.A.T. SUMMER CAMP 2022**  
**(1<sup>ST</sup>-5<sup>TH</sup> GRADE)**

*Program Application*

Paid: \_\_\_\_\_  
 Non-Refundable

Student's Full Name: \_\_\_\_\_  
 (First Middle Last)

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

School Attending: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Printed Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

T" shirt size: Youth \_\_\_\_\_ Adult: \_\_\_\_\_ Place size in one of the spaces

I give permission for my child to participate in the City of Conway's G.R.E.A.T. Summer Camp Program.

I understand that in connection with the G.R.E.A.T. Summer Camp the media or INSTRUCTORS of G.R.E.A.T. Summer Camp may identify my child, interview my child, and/or record my child's picture for use in media presentation of City of Conway's webpage.

**In addition to this completed Membership Application and \$25.00 Registration Fee,** a signed medical waiver form must be filled out and be on file before a member can participate in G.R.E.A.T. Summer Camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"Together, building a better community."  
 Committed, Professional, Dedicated

City of Conway  
Camp G.R.E.A.T  
**COVID-19 WAIVER**

Please sign and return the following document no later than the first day of camp.  
Assumption of the Risk and Waiver of Liability Relating to Contagious Diseases, including COVID-19.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

As a result of COVID-19, and in anticipation of the potential arrival of other seasonal contagious diseases, which may include MRSA, influenza, and other strains of coronavirus, Conway Police Department and Horry County Schools, has put in place protective measures to reduce the spread of COVID-19 and other contagious diseases; however, we cannot guarantee that you or your child/children will not become infected with COVID-19 or another contagious disease. Further, participating in the Conway Police Department Camp G.R.E.A.T on the campus of Horry County Schools, or being a spectator of, all of which could increase your risk and your child/children risk of contracting COVID-19 or other contagious diseases.

By signing this agreement, I acknowledge the contagious nature of diseases which include COVID-19, and on behalf of myself, my child/children, spouse/co-parent of child/children, voluntarily assume the risk that my child/children and I, and any member of my family, may be exposed to or infected by COVID-19 or any other contagious disease by participating in the Conway Police Department Camp G.R.E.A.T or being a spectator of same, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 or any other contagious disease while participating or being a spectator of the Conway Police Department CAMP G.R.E.A.T on Horry County Schools campus, which may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Conway Employees, Horry County Schools Employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity.

I voluntarily agree to assume, on behalf of myself, my child/children, and my spouse/co-parent of child/children all risks and accept sole responsibility for any injury to my child/children, myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child/children and/or members of my family may experience or incur in connection with my child/children attendance in activities or participation in the Conway Police Department Camp G.R.E.A.T.

On my behalf, and on behalf of my child/children and/or members of my family, I will advance no claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the City of Conway and Horry County Schools, its employees, directors, trustees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Conway and Horry County Schools, its employees, agents, and representatives, whether a COVID-19 or other contagious disease infection occurs before, during, or after participation in any City of Conway activity.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date