SECTION C — STORAGE & HANDLING

Storage requirements:	☐ Room Temp ☐ Refrigerated ☐ Other:
Self-carry authorization:	☐ Scholar may self-carry and self-administer ☐ Staff must administer

SECTION D — AUTHORIZATION & LIABILITY

I, the undersigned parent or legal guardian, hereby authorize Five Horsemen Nonprofit, Inc. (FHN) camp staff to administer the medication(s) listed above to my scholar in accordance with the instructions provided. I understand that camp staff are not licensed medical professionals and will administer medication only as directed. I release FHN and its staff from liability for any adverse reaction when medication is administered in good faith and in accordance with the instructions provided on this form.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship to Scholar _____

FIVE HORSEMEN NONPROFIT, INC.

STEM, Leadership & Academic Literacy Day Camp

July 22–25, 2026 | YMCA of Metro Atlanta Leadership & Learning Center

FORM 3A

LIABILITY WAIVER

Please read carefully before signing. This is a legally binding document.

SECTION A — SCHOLAR & GUARDIAN INFORMATION

Scholar's Full Name:	
Date of Birth:	
Parent/Guardian Name:	
Address:	
City, State, ZIP:	
Phone:	
Email:	

SECTION B — ACKNOWLEDGMENT OF INHERENT RISKS

I, the undersigned parent or legal guardian, acknowledge that the Five Horsemen Nonprofit, Inc. (FHN) STEM, Leadership & Academic Literacy Day Camp (the "Camp") involves physical and hands-on activities that carry certain inherent risks. These activities may include, but are not limited to:

- STEM laboratory and engineering experiments (including basic circuitry and electronics)
- Physical education, team-building, and outdoor activities
- Leadership challenges and group exercises
- Use of tools, materials, and equipment appropriate for high school scholars

I understand and accept that no camp environment can be made completely free of risk, and that some injuries or accidents may occur despite reasonable precautions taken by FHN staff.

SECTION C — RELEASE OF LIABILITY

In consideration of my scholar's participation in the Camp, I hereby agree to RELEASE, WAIVE, AND DISCHARGE Five Horsemen Nonprofit, Inc., its directors, officers, employees, volunteers, agents, and partner organizations (collectively, "Released Parties") from any and all claims, demands, losses, damages, actions, or causes of action arising out of or related to any injury, illness, loss of property, or death of my scholar that may occur during Camp activities.

This Release applies to claims arising from the negligence of the Released Parties, except in cases of gross negligence or intentional misconduct.

SECTION D — INDEMNIFICATION

I further agree to INDEMNIFY and HOLD HARMLESS the Released Parties against any claims made by or on behalf of my scholar arising from participation in the Camp, including reasonable attorneys' fees and costs incurred in defending any such claim.

SECTION E — GOVERNING LAW

This Waiver shall be governed by the laws of the State of Georgia. I acknowledge that I have had the opportunity to seek independent legal counsel prior to signing and do so voluntarily and knowingly.

_____ _____

Parent/Guardian Signature Date

_____ _____

Printed Name

Witness (FHN Staff): _____ Date: _____