



By signing below, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless The Nephrotic Syndrome Foundation, Social Good Fund, the sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns, singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may arise out of the negligence or carelessness on the part of any person named in this waiver.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the Nephrotic Syndrome Family Camp. I also hereby give permission to The Nephrotic Syndrome Foundation to use my name or image by way of a photograph, video or audio format taken of me during the event in any promotional materials, publications or other electronic media.

I understand I am attending a PATIENT FAMILY CAMP, and as such I am responsible for the safety and care of my child and any minors attending Camp at all times while at Camp NSF. I acknowledge and understand that background checks are not required nor performed on Camp attendees, including parents or caregivers attending Camp.

The Nephrotic Syndrome Foundation reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety or wellbeing of oneself or others.

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Name

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Signature

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Date