Parent's Consent for Child to Participate at Wyandot Overnight Camp 2021

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As the parent/legally authorized representative of _____ (camper's name), I agree to the following:

- I will take the responsibility to see that my camper is properly prepared for all activities including having an exam by a physician, the proper clothes, equipment, and being in good health.

- I will bring my camper's current camp health form, doctor's exam form and this consent form to Wyandot Overnight Camp with my camper on the first day of camp.

- I consent to the taking and use of any slides, photographs, video and/or recorded audio interview of my child during the program for advertising, promotion, publicity and any other lawful purpose by Camp Wyandot, Inc. or American Camp Association now and in the future, whether that use be known to me or unknown, for the purpose of illustration or publication in any form. I waive any right to inspect or approve the photographs or electronic matter and waive any right to royalties or other compensation arising from or related to the use of this media.

- I have read and fully understand the parent handbook and agree to the rules and policies set forth therein. Failure of the parent/guardian or the camper to abide by the rules and regulations could result in immediate dismissal from camp without a refund.

- I understand that reasonable measures will be taken to safeguard the health and safety of each child and I will be notified as soon as possible in case of an emergency. However, in the event of sickness or accident I will not hold Camp Wyandot, Inc. or the staff of Camp Wyandot responsible and will release them from any and all liability.

- It is known that by my and my child's voluntary participation in camp activities, we are aware of and have acknowledged the existence of the risks and share in its assumption. Camp activities with a known risk factor include all sports, hiking, adventure activities, camp craft activities, outdoor cooking and fire building, swimming, aquatics, rafting and canoeing, physically active games, archery, nature exploration, boating, and fishing. As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of my or my son/daughter's participation in the program, against Camp Wyandot, Inc. Board of Directors, employees and volunteers. I do hereby fully release and discharge Camp Wyandot, Inc. Board of Directors, employees and volunteers for any and all claims from injuries, damage or loss which I have or which may occur to me on account of my son/daughter's participation in the program. I further agree to protect, defend, and hold harmless Camp Wyandot, Inc., Board of Directors, employees and volunteers from any claims resulting or in any way associated with activities of the program. I have read and fully understand this consent release form.

- As parent/legally authorized representative of the above-named child, I am by this document representing that I have the authority to consent to all medical/surgical care and treatment of my child. I hereby give my authorization and consent for staff members from Camp Wyandot, Inc. to consent to the medical/surgical care and treatment of my child at my expense, including taking my child to an emergency room. It is my intent that this authorization shall apply to immunizations, as well as all other medical/surgical care and treatment and that this authorization be in effect while my child is a camper at Camp Wyandot during the summer.

- A faxed copy of this consent shall be as valid as the original for the health care provider, if necessary.

FOR YOUR CHILD TO BE ADMITTED TO WYANDOT OVERNIGHT CAMP, THE REVERSE SIDE MUST BE COMPLETED AND SIGNED BY PARENT OR LEGALLY AUTHORIZED REPRESENTATIVE

This page must be completed in order for your child to attend camp.

My child has permission to take part in all camp activities, including swimming unless limited below.

MY CHILD MAY PARTICIPATE IN ALL OF THE CAMP ACTIVITES EXCEPT:

_____

_____

Camper's Name _____ Date _____

Name of Parent/Legally Authorized Representative: _____

Address _____
No. Street

_____
City State Zip

_____ _____ _____
Day Phone Evening Phone Cell Phone

E-mail address: _____@_____._____

I have read and understand the rules and guidelines for Camp Wyandot.

_____ _____
Signature of Parent/Legally Authorized Representative Date

_____ _____
Camper's Signature Date

Authorization to Pick Up Child from Wyandot Overnight Camp

The following adults are authorized to pick up my child from camp. Please note that everyone will be asked to show ID and must be on this list in order to take a child from the site. Please include your name if you plan to pick up your child from camp.

1. _____
Name Phone Number Relationship

2. _____
Name Phone Number Relationship

3. _____
Name Phone Number Relationship