

CAMP PALMER

Camp waiver & release

Name of Camper

Birthdate

Entering Grade

Important Information

Camp Palmer is committed to conducting its program's and activities in the safest manner possible and holds safety of the participants at the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. Camp Palmer strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that Camp Palmer does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering their child should review their own health insurance policy for coverage. It must be noted that the absence of health insurance does not make Camp Palmer or the Township of Palmer automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of injury to participants in Camp Palmer and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have against Camp Palmer, the Township of Palmer, and its officers, agents, volunteers, and employees as a result of participation in this program.

In the event of any emergency, I authorize Camp Palmer to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photography Release

- I give permission for my child's picture to be used in advertisements for the Charles Chrin Community Center and Camp Palmer.
- I do not give permission for my child's picture to be used in advertisements for the Charles Chrin Community Center and Camp Palmer.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

Signature of Parent/Guardian

Date