Camp Hope Parent/Guardian Release of Liability

Complete this form once per year.

Camper 1 First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper 2 First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper 3 First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Undersigned, Being a Parent or Guardian of the above named minor(s) releases Camp Hope of SW WA, its representatives, agents, directors, volunteers and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending Camp Hope of SW WA, including travel to and from camp and any field trips, excepting only injury or damage resulting from willful acts of such representatives, agents, directors, volunteers, and employees. They also will release Camp Hope of SW WA of any expenses resulting from the injury.

Your child will have the opportunity to participate in swimming, hiking, archery, spelunking, field games and other outdoor activities. Camp Hope of SW WA will provide trained staff who will conduct these activities in the safest manner possible.

To protect campers while swimming in the river, campers are required to wear a properly fitting USCG certified personal flotation device (PFD). Campers may bring their own or one will be provided by camp.

During camps that offer bicycle use, campers must wear a properly fitting bike helmet while riding on the camps grounds.

To protect the safety of all campers, Camp Hope of SW WA has no-tolerance policies that could immediately result in campers being sent home.

These policies include but are not limited to:

1. Use of violence or possession of weapons

2. Use of alcohol or drugs

3. Bullying

Parents or guardians of campers who violate policies will be notified to pick up their child.

During camp, we will be taking pictures of teams and campers for camp promotional material. Please indicate on your membership form if you have a need for exclusion.

Camp Hope of SW WA staff is trained in first aid to treat basic injuries and illnesses. Campers may be sent to a local hospital or physician if needed and the parent/guardian/emergency contact will be notified.

Parental Consent:

Parent/Guardian First & Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_