

Minor Camp Activity Consent Waiver

Camper Information

Name of Minor:

Date of Birth:

Parent/Guardian Name:

Contact Number:

Consent and Waiver

I, the undersigned, as parent or legal guardian of the minor named above, give permission for my child to participate in all camp activities. I understand the nature of the activities and acknowledge that there may be inherent risks involved.

I hereby release and hold harmless the camp organizers, staff, and volunteers from any and all liability, claims, or demands arising out of or related to any loss, damage, or injury that may be sustained by my child during camp activities.

I confirm that my child is physically able to participate in camp activities. I have listed any allergies, medical conditions, or special needs below.

Allergies/Medical Conditions/Special Needs:

Emergency Contact

Name:

Phone Number:

Parent/Guardian Signature

Date