

Youth Camp Assumption of Risk & Waiver

Participant Information

Full Name of Participant

Date of Birth

MM/DD/YYYY

Parent/Guardian Name (if under 18)

Camp Details

Camp Name/Event

Camp Dates

MM/DD/YYYY - MM/DD/YYYY

Assumption of Risk

I understand that participation in the Youth Camp activities involves inherent risks, including, but not limited to, physical injury, illness, or property loss. I fully assume all risks associated with my/my child's participation in this camp, whether known or unknown.

Waiver of Liability

In consideration of being allowed to participate in the Youth Camp, I, for myself or for my minor child, hereby waive, release, and discharge the camp organizers, staff, volunteers, and sponsors from any and all claims or liabilities for personal injury, illness, property loss, or other damages arising out of or related to participation in this camp.

Medical Authorization

I grant permission for the camp staff to provide first aid and to arrange for emergency medical care if necessary. I am responsible for informing camp organizers of any medical conditions or special needs prior to participation.

Consent & Acknowledgment

By signing below, I acknowledge that I have read, understand, and agree to the terms above:

Participant Signature

Date

Parent/Guardian Signature
(if participant is under 18)

Date