

Travel Camp and Off-Site Activity Release

In signing this release, I give permission for my child/ward to be transported for travel camps or to be transported for approved out-of-camp activities and for the release of medical information in case of accident or illness. In the event that I cannot be reached, I hereby give permission to the medical personnel selected by the Camp Mack staff to obtain proper diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward named below.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants. Camp Mack reserves the right to discipline and/or send home any child for any reason in its sole discretion, including rule violations, or health and safety concerns. I understand that it is my responsibility to provide for transportation of my child from the travel location if removal of the child from the program is due to disciplinary reasons.

Further, I release and waive any claim that may arise against Camp Alexander Mack (including its officers, director, employees and agents) arising from or as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

Name of Participant

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian