



Authorization and Release

I am the parent or guardian of the Child(ren) or adult(s), agency identified below, or I am signing this document for myself. I hereby authorize my chil(ren), agency or self to participate in all activities and programs to be conducted by Camp Hope at Camp Kiwanis on _____(date). I certify that all program activities have been explained to me in detail and that I have had a full opportunity to ask all related questions I may have.

In particular, I understand that my Child(ren) may be supervised by volunteer personnel. Many program activities of varying risk are conducted outdoors, including but not limited to hiking on Camp property and adjoining lands. This may entail contact with animals. If I cannot be reached in the event of my child's(ren's) injury or illness, I hereby authorize representatives of Camp Hope to secure property medical care and treatment, including physician care, hospitalization, medication, anesthesia, surgery, and other necessary medical procedures for my child(ren). I acknowledge financial responsibility for such care and treatment.

On behalf of my child(ren), I hereby fully and unconditionally release, waive, discharge, hold harmless and indemnify Cam Hope and its directors, employees, officers, supervisory board members, representatives, staff, consultants, contractors, agents, heirs, successors, assigns and legal representatives, from any and all liabilities and claims whatsoever arising in any manner whatsoever including but not limited to those arising from negligent behavior from participation in any programs conducted at Camp Hope and from being present at Camp Hope including but not limited to the present condition of Camp Hope facilities and property.

NAME: _____ Signature: _____

ADDRESS: _____

TELEPHONE: _____

Names and ages of Children: _____

Medical Insurance Company: _____

Medical Policy Number: _____