

Permission Slip for Scheduled Offsite Activities during Summer Camp 2018

*Some camps offer scheduled offsite activities as part of their programming.
For information about a camp, call or email Kirkmont Center.*

Participant Information

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name and phone numbers of emergency contact(s): _____

List allergies or medical conditions: _____

If parent/guardian cannot be reached, is Kirkmont Center authorized to approve medical treatment? Y N

Is participant covered by personal/family insurance? Y N

If yes, name of insurer: _____

Policy or group number: _____

Liabilities and Obligation Policies

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor). In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks or injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during the transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by Kirkmont Center, Inc., its agents, officers, employees, volunteers, coordinators, or any other representatives (collectively referred to as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

Parent/Guardian Signature: _____ Date: _____