

WATERMARKS CAMP LIABILITY RELEASE FORM

(to be filled out by parent or guardian if camper is under 18)



CAMPER INFORMATION:

Name: _____ Dates Attending: _____
Address: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Entering Grade: _____ Gender: _____ Male _____ Female
Are you coming as an individual or with a group? _____ Individual _____ Group
Name of Group _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Home Phone: _____
Mother's Daytime Phone: _____ Cell Phone: _____
Father's Daytime Phone: _____ Cell Phone: _____

HEALTH/MEDICAL:

Health/Medical Problems: _____
Drug/Food Allergies: _____
Last Tetanus: _____ Regular Medications: _____
Activity Restrictions: _____
Health/Medical Problems: _____
Family Doctor: _____ Phone: _____
Insurance Name: _____ Phone: _____
Policy Holder: _____ Birthdate of Policy Holder: _____
Policy Number: _____
Watermarks has the permission to administer: _____ Ibuprofen _____ Tylenol _____ Advil _____ Neosporin

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relation: _____

The undersigned hereby acknowledges that there is risk in simply attending and/or participating in activities at Watermarks Camp. Watermarks will not be held responsible for any disease, sickness, injury or loss experienced during, before or after any event at Watermarks, including but not limited to COVID-19. I understand that my child(ren) may be transported by bus, van or automobile to locations on the Watermarks campus as part of the program activities, and I hereby give my permission for my child(ren)'s transportation. I grant permission for my child(ren) to receive emergency medical attention should I not be able to be contacted in a timely fashion.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

The undersigned hereby acknowledges that the program(s) in which I have enrolled my child(ren) involves physical activity and exercise that carries some inherent health risks and risks of injury and I hereby assume those risks in enrolling my child(ren) in the program. By signing below, I grant permission for my child to participate in activities provided by and located at Watermarks Camp. If I do not wish for my child to participate in any activity, it is my responsibility to inform my leader or Watermarks Camp prior to my child's arrival.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

I, the undersigned, do hereby consent to the use by Watermarks Camp of my child's image or voice in any video, photograph or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of Watermarks Camp. I also confirm that Watermarks Camp and staff are not responsible for loss or damage of any personal items brought to camp.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

If there are any activities that are known that the parent does not want their student to participate in or any prior injuries that could limit students activities or experience please state below:

ACTIVITY RESTRICTIONS _____