Summer Sensations Camp

Summer Camp Liability Waiver Form

Participant Agreement, Release, and Acknowledgement of Risks

Camper Information:

Full Name:_____

Date of Birth: _____

Understanding and Acceptance of Risks

As the parent or guardian of _____ (camper full name) , I understand and acknowledge the following:

1. Activity Risks: Summer camps involve various activities, which can include physical exertion, and have inherent risks ranging from minor injuries to serious harm.
2. Health and Safety: I affirm that I have informed Summer Sensations Camp of any known medical conditions, allergies, or medications relevant to the camper's participation. Additionally, I will provide any necessary dietary and medical restrictions.
3. Voluntary Participation: I voluntarily enroll my child in the camp's activities with full awareness of the associated risks and responsibilities.

Liability Release

I hereby release, indemnify, and hold harmless Summer Sensations Camp, its staff, volunteers, and other agents from any claims, damages, liabilities, or demands resulting from any harm, injury, or incident my child might experience while participating in the camp's activities.

Medical and Dietary Information

I have provided accurate information regarding any medical concerns, medications, allergies,or dietary restrictions related to _____(camper full name]. This information will be used solely for ensuring the camper's safety and well-being.

Parent/Guardian Signature and Contact Details

Participant is Over/Under Age 18.

- Camper Name: _____
- Parent/Guardian Full name_____
- Mobile Phone: _____
- Signature: _____
- Date: _____