

# Philip Foster Farm Day Camp Release Form

## Emergency Contact Information:

My child \_\_\_\_\_ will attend camp on (dates) \_\_\_\_\_. His/ her date of birth is \_\_\_/\_\_\_/\_\_\_\_. In the event of an emergency, the Philip Foster Farm should contact \_\_\_\_\_. This person's relationship to the camp participant is \_\_\_\_\_. The emergency contact's home phone number is \_\_\_\_\_, their cell phone or work phone number is \_\_\_\_\_ and their address is \_\_\_\_\_  
\_\_\_\_\_. Medical insurance information: \_\_\_\_\_

## Release Form:

I hereby authorize the Philip Foster Farm to make arrangements for or give any medical attention to my child , emergency or otherwise, that is deemed necessary under the circumstances by the discretion of the Philip Foster Farm. I hereby give permission to the physician selected by the Philip Foster Farm to hospitalize and/or secure proper treatment as the physician may deem appropriate. I further understand that medical treatment may be several minutes away in the event of a medical emergency.

I agree for myself, my spouse (if applicable), and my child, to hereby fully and forever discharge and release the Philip Foster Farm from any and all liability, all claims and demands, actions and causes of action whatsoever arising out of damages, costs, loss of services, expenses, and any and all claims whatsoever, whether caused by their negligence or for any other reason, on account of, or in any way resulting from personal injuries, conscious suffering, death, or property damage to myself my child, to any other person or property, in any way connected with my or my child's participation in the activities at the Philip Foster Farm. I agree that this release form shall cover my child's participation in any and all activities sponsored by the Philip Foster Farm's Pioneer Camp directed by camp counselors, crafters, volunteers, and the camp director.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Returned Form Checklist:

Confirmation of camp dates \_\_\_\_\_

Costume Size \_\_\_\_\_

Allergies/ Medical needs \_\_\_\_\_

Payment Enclosed \_\_\_\_\_ paid on \_\_\_\_\_ check # \_\_\_\_\_

Deposit amount \$ \_\_\_\_\_ paid on \_\_\_\_\_ Check # \_\_\_\_\_

Signed Release \_\_\_\_\_

Emergency Information \_\_\_\_\_

Permission to photograph YES/NO (Please circle one)