

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)