

**MATTHEW SALEM CAMPING FOUNDATION, INC.**  
**WAIVER OF LIABILITY**

I give permission for my child \_\_\_\_\_ to participate in all public relation activities of the Matthew Salem Camping Foundation, Inc. including but not limited to films, television, radio, newspaper photographs and stories and field trips that directly aid fundraising activities of the Foundation.

In addition, I give permission for my child \_\_\_\_\_ to participate in the following activities, if offered, led by a licensed or certified individual:

Horizontal Rock Climbing  
Low Ropes Course  
Paintball

Participation in any other special activities outside of the normal scope of a camping experience would require my consent in writing.

We \_\_\_\_\_,  
(name(s) of parent/guardian(s))  
are the parents/guardian of \_\_\_\_\_  
(full name of camper)

and we hereby release and discharge Matthew Salem Camping Foundation, Inc. and its Board of Trustees from any liability whatsoever to the undersigned resulting from or in any manner arising out of any injury or damage which may be sustained by the above-named camper on account of his or her attendance at Camp Salem or in the transportation in connection therewith.

In the event reasonable attempts to contact me or my spouse at

\_\_\_\_\_  
(insert phone numbers)  
have been unsuccessful, I hereby give my consent for the administration of any treatments deemed necessary by

\_\_\_\_\_  
(insert preferred physician and phone number and preferred dentist and phone)

or in the event the designated preferred practitioner is not available by phone, by another licensed physician or dentist and the transfer of the child to the nearest hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date