

# Ashton Farm Summer Day Camp Medical Release

Camper Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Telephone: home \_\_\_\_\_ cell \_\_\_\_\_

## Informed Consent, Release Agreement, and Authorization

I understand that participation in Camp activities involves the risk of personal injury. Those activities include hiking, swimming, tennis, ball games, canoeing/kayaking, horseback riding, archery, zip line, slack line, BB guns (8yrs. & older), hayride & “Friday Rodeo” (field day events). I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment. Medical providers are authorized to disclose protected health information to the camp director.

I hereby give my informed consent for my child to participate in all camp activities unless otherwise noted. I further authorize the sharing of the information on this form with any volunteers or professionals who need to know of medical conditions that may require special consideration. With appreciation of the dangers and risks associated with programs and activities, on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury that may arise against Ashton Farm Summer Day Camp, the camp director, and all employees.

NOTE: Please list below any restrictions for your child in connection with camp activities: \_\_\_\_\_

## Insurance Information

Insured’s Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ ID# \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_