

**Georgia Lions Camp Inc.  
Waiver and Consent Form**

**CAMPER NAME:**

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**Consent to Activities - Transportation:**

I hereby grant permission for said staff/volunteer named above to participate fully in the Georgia Lions Inc. summer camp program. I understand that the program will include not only daily activities conducted on the campgrounds but also certain field trips and other off-site activities, which will require transportation to and from off-site locations. I hereby grant permission for said camper to participate in all such activities, which are deemed appropriate and supervised by Camp personnel.

**Consent to Equine Activity:**

**WARNING:** Under Georgia Law, an Equine Activity sponsor or Equine professional is not liable for an injury to or the death of a participant in Equine Activities resulting from the inherent risks of Equine Activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

**Consent to Medical Treatment:**

I fully understand that, even after reasonable precautions have been taken, Georgia Lions Inc. activities may have certain hazards in which there is the risk of injury. I hereby grant permission to the physician selected by the Camp Director to hospitalize and/or to obtain appropriate medical care for said person in the event of a medical emergency or other circumstances likely to have an adverse effect upon health. This medical care shall include, but not limited to, examination, treatments, immunization, injections, anesthesia, surgery and other procedures etc.

This permission is conditional upon the understanding that in the event of serious illness, accident, or in the event of a need for hospital services and/or major surgery, said person will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of the said.

I fully agree to pay for all such services, which are not covered by or are above the coverage limits of the Camp's insurance.

**Consent to the Taking and using of photographs:**

Permission is also granted for said camper/staff/volunteer to be photographed, with such pictures to be used in public relations and fund-raising efforts to promote programs of the Georgia Lions, Inc. and Lions Clubs International.

**Indemnification Agreement:**

For and in consideration of said covenants, the staff/volunteer and the undersigned hereby release, acquit, and covenant to hold harmless the Georgia Lions Camp Inc. and its respective employees, designated Camp Physician and all other persons, firms and corporations from all other claims, damages, and causes of action of whatever nature which may accrue to said camper of the undersigned, their heirs, executors, administrators, and legal representatives and assigns, arising out of the above procedures, or campers participation in the Georgia Lions Inc. programs.

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If camper is under 18 a parent or caretaker must sign)

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_