

Release Form | Slovenski Camps

I, _____, give permission for _____
(parent / guardian) (camper)

To attend and participate in the Slovenski Camps program.

I authorize the staff of the camp to use their judgement in allowing my child to receive emergency medical treatment if necessary. I assert that my child is in good health, has a stable chronic condition, or is recovering well from a pre-existing condition.

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that camps involve the potential for injury and illness.
3. agree not to hold the staff responsible for any injury sustained or sickness contracted during camp
4. agree not to bring suit against Slovenski Camp staff or the Slovenski Camps
5. agree to allow the Camp Directors to use sound judgment in obtaining necessary medical care
At the expense of the parent.

I accept any decisions made by the camp directors in terminating attendance for any reason, not limited to, but including unacceptable behavior, inappropriate language, disrespecting staff, or bad attitude. I understand that I will not be refunded if my child is asked to leave.

I permit photographs and videos taken during camp to be published by the camp for any reasons, which may include advertising on the internet, promotional pamphlets, social media outlets, and the camp website.

Insurance information

Carrier: _____ Group: _____

Policy Number: _____ Holder's Name: _____

Emergency Contact

Parent / Guardian Phone: _____

Alternate Contact Name & Phone: _____

Alternate Contact Name & Phone (optional): _____

Signed & Accepted

Sign: _____ Date: _____