

## Consent and Waiver Form

Please fill out a separate form for each child.

*I/We, the undersigned parent(s)/guardian(s) of \_\_\_\_\_ do hereby consent to his/her participation in Camp Jubilee being held August 5<sup>th</sup> – 9<sup>th</sup>, 2019.*

*I/We acknowledge that participation in the activities of Camp Jubilee may expose the above named camper to the possibility of injury. I/We authorize the administration of any first aid treatment deemed necessary at Camp Jubilee.*

*I/We authorize Camp Jubilee personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. Camp Jubilee will make every effort to contact parents or guardians before such action.*

*I/We, the parent(s)/guardian(s) of the above named camper undertake and agree to indemnify and hold blameless Camp Jubilee and its volunteers and directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Camp Jubilee, or as a result of any medical treatment authorized by the supervising individuals representing Camp Jubilee.*

*I/We acknowledge and agree that Camp Jubilee reserves the right to use any photos taken during Camp activities for future promotional materials.*

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Signature of Adult Witness: \_\_\_\_\_