

Contact Person: _____

Group Name: _____

Address: _____

Date of Event: _____

Phone number: _____

Email address: _____

PARENT(S) OR GUARDIAN(S) STATEMENT

One form may be completed for multiple campers under the age of eighteen (18), if they all contain the same insurance information. If they do not contain the same insurance information, please complete a form for each insurance policy.

1. Camper's Name

2. Camper's Name

3. Camper's Name

4. Camper's Name

I understand that in consideration for my child/children to attend an outing at Wild River Retreat; I do hereby waive, release, and forever discharge any and all rights to claims against Wild River Retreat, its benefactors or directors for any damages or injuries sustained by my child while attending this outing.

I understand that my child/ children is/are to use the facility in the way it is intended, observe "Tabernacle Time," treat others with respect and obey any and all safety guidelines. I am aware that Wild River Retreat DOES NOT provide a lifeguard. I also state, to the best of my knowledge, my child is fit and able to participate in all activities at Wild River Retreat.

I authorize, in case of an emergency, the group chaperone/leader in charge may act on my behalf according to their best judgment.

Signature of Parent / Guardian

Date

Contact Phone Number

Additional Emergency Phone

Please list any allergies or conditions Wild River Retreat needs to be aware of:

* If more space is needed - use the back of this paper

* If more than one child is listed - please note which child the condition is related to beside the description

I understand that Wild River Retreat does not carry health/accident insurance. I state, as the guardian, my child/ children is/are covered by the insurance policy listed below.

Insurance Company _____

Subscriber's Name _____

Policy # _____

