



Camp Wilmot

Winter Weekend 2012

March 2nd-4th

As a parent/legal guardian of _____, I have reviewed the information for Wilmot Winter Weekend 2012, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide by them.

I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Camp Wilmot and its staff during the events and activities. These activities may include outdoor winter activities such as sledding, skating, hiking, snowshoeing, skiing, and other related activities.

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I/We authorize Camp Wilmot to use any photos from the weekend for publicity reasons including the camp website.

I/We agree not to hold Camp Wilmot, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Printed) **Camper Name** **Age**

Parent /Guardian Signature **Date**

Street Address

City **State** **Zip Code**

Phone # **Alternate Phone #** **E-mail (optional)**



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Health Information

Health/Medical Insurance Company

Policy Number

Phone #

Please list below any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time and any special dietary requirements:

5 Whites Pond Rd. Wilmot, NH 03287 * Phone: (603)768-3350 * e-mail: director@campwilmot.org

Website: www.campwilmot.org