



WILD ROSE SUMMER CAMP

Wild Rose Summer Camp
P. O. Box 83271
Fairbanks, AK, 99708
(907) 479-6363

Authorization and Release

Participant Name _____

Camp Session Date _____

My son/daughter has permission to participate in all activities, except otherwise indicated by me, in writing. I recognize that my child will be participating in active, outdoor programs with other children and that accidental injuries or illness may result. I assume the inherent risks of my child participating in the program and authorize my child's participation.

Further, by signing below, I hereby release Wild Rose Summer Camp and it's owners from any liability for injury or illness resulting to my child from his/her participation in the camp.

In the event of accident or illness, first aid will be administered, parent emergency numbers will be called and all reasonable efforts will be made to contact parents or guardians prior to treatment by a physician. If parents cannot be reached and the child requires emergency care by a physician, I authorize treatment of the participant on an emergency basis.

Photographs may be taken throughout the camp week. I authorize my child's photograph to be used in camp brochures or for other camp publicity purposes.

I authorize the following person(s) other than a parent to pick up my child(ren) from camp:

I have read the above form, agree to its terms as noted, and have provided accurate information as requested to the best of my ability.

Parent/Guardian Signature

Date