



RELEASE OF LIABILITY FORM

Participants Name (please print) _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Male _____ Female _____

Telephone: Home _____ Work _____ Other _____

Please add me to your Mailing List: Yes _____ No _____ E-mail: _____

Please list any health concerns or medications you are taking that you feel Camp Daggett should be aware of:

PARTICIPANT MEDICAL TREATMENT RELEASE



If medical treatment is warranted at the discretion of **Camp Daggett** staff, or if surgical care is recommended by a physician selected by the **Camp Daggett** staff, then I give permission to authorize treatment for the participant identified on this form. (All efforts to notify the parent, guardian or contact person will be made first.)

Signed _____ Date _____

Participant's signature (Parent or guardian if under 18 years of age)

In case of an emergency, please list a contact person and phone number

Name _____ Phone _____ Alternate _____

PARTICIPANT RELEASE AGREEMENT

While at **Camp Daggett**, participants could be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. All activities require complete attention and responsibility of the participant, either individually or as part of a group. Many of these activities include inherent risks. By signing below, you expressly understand and agree to assume all risks and to release **Camp Daggett**, it's agents, employees, and Board of Trustee's from any and all liability arising from any losses of personal property or any bodily injuries incurred by the participant on the property of **Camp Daggett**, or in connection with any of its activities or programs unless such loss of injury results directly from the gross negligence or willful and wanton misconduct of any employee or the organization acting within the scope of his employment. A signature is required for admission and to participate at **Camp Daggett**.

Signed _____ Date _____

Participant's signature (Parent or guardian if under 18 years of age)

PHOTO/ MEDIA RELEASE (OPTIONAL)

I grant permission to **Camp Daggett** and persons acting for or through them, the rights to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual identified on this form at **Camp Daggett** for use in promotional materials they may create.



Signed _____ Date _____

Participant's signature (Parent or guardian if under 18 years of age)