



L.I.T./SR. CAMPER RELEASE FORM

The Leaders in Training (L.I.T.'s)/Sr. Campers are on the move this summer! As part of the L.I.T./Sr. Camper programs, they will be participating in out of camp day trips.

Trips typically include hiking, canoeing, and other recreational activities designed by the L.I.T.'s/Sr. Campers and the staff. Please complete and return this form to enable your camper to participate in these day trips. A notice including the group's destination and a checklist of any necessary equipment or attire will precede each trip.

The L.I.T.'s/Sr. Campers will travel in a van equipped with a first aid kit. Every camper (and staff member) must wear a seat belt at all times. Staff members are certified in American Red Cross CPR/First Aid and Life Guarding.

Due to the additional costs of the L.I.T./Sr. Camper programs (specifically, gas, van and canoe rentals) the L.I.T./Sr. Camper is priced accordingly. Therefore, please use the L.I.T./Sr. Camper application form when registering your teenager.

Please note a separate permission form will be distributed for any overnight trip(s).

L.I.T./Sr. Camper's Name: _____

Parent/Guardian phone number during the day at: _____

Cell phone number: _____

If I am unavailable, please try the following emergency contact person,

Name: _____

Phone number: _____

ASSUMPTION OF RISK

I understand that part of the camping experience involves activities, interactions, and group living arrangements (Adventure Week) that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and my child and I both agree that he or she is familiar with these rules and will obey them.

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp/ to secure and administer treatment, including hospitalization, for the person named above.

By signing this release form I give my L.I.T./Sr. Camper permission to participate in the out of camp day trips and agree to the terms as described above.

Parent/Guardian Signature: _____ Date: _____