

WAIVER AND RELEASE FROM LIABILITY

(TO BE COMPLETED **BY PARENT** OR **GUARDIAN OF MINOR PARTICIPANT**)

1. The undersigned parents or legal guardians ("Parent") grants permission for their son or daughter ("Child") to participate in Cedar Springs Camp and all its associated activities.
2. The Parent grants permission to Cedar Springs Camp and its employees and agents to take the child to a licensed physician for medical treatment, emergency surgery, or hospitalization if Child becomes ill, sustains an injury, or otherwise requires medical treatment or attention and Cedar Springs Camp are unable to contact the parent. The Parent gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Child's life or health.
3. The Parent agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the child.
4. The Parent releases and agrees to hold harmless, defend and indemnify Cedar Springs Camp and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses and damages (except those caused entirely by the gross negligence or intentional conduct of Cedar Springs Camp) that the Child or the Parent may suffer as a result of the Child's participation and /or enrollment in Cedar Springs Camp Activities.

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.

Child's Name

Date of Birth

Allergies

Grade Completed:

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Printed Name

Mailing Address

City

State

Zip

Home Phone Number

Cell Phone Number