

CAMP HOPE WAIVER

INCLUDES:

- hiking
- dog therapy
- use of spray park

2022 PARENTAL PERMISSION STATEMENT

Please read carefully before signing.

I, the parent/guardian, give permission for _____
(child's name)

to attend Camp Hope and participate in the activities at Camp Hope.

In the event of an emergency that I cannot be reached, I give my permission to the physicians or hospital selected by the camp administration to hospitalize, secure proper anesthesia, order injection, surgery and do whatever else appears medically necessary for my child.

I further give permission to the camp administration to select physicians or staff to provide routine care for my child, including dispensing medications and providing first aid.

I also give my permission for Wellspring Lutheran Services to use any photographs, video or voice tapes of my child in camp activities for public relations.

I am aware that signing this statement for participation in the activities of CAMP HOPE, certain activities can be physically demanding. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my dependent is physically and mentally capable of participating in the activities of Camp Hope. If I or my dependent questions his or her ability to participate at any time during any of the scheduled activities, this concern should immediately be relayed to camp staff.

I accept full responsibility for bodily injury, death, loss of personal property and expenses thereof, as a result of my or my dependent's negligence. I further release and waive any and all claims, demands and causes of action which I or my dependent may have against Camp Hope, their members, representatives, volunteers or employees, for any bodily injury, including death, however caused, resulting from or arising out of or in any way connected to the above activities listed on this waiver. Staff will take every reasonable precaution to minimize exposure to known risks. However, as a participant, I acknowledge the nature of the activities and the fact that not all hazards connected with the activities can be foreseen. My dependent has personal responsibility to follow established safety rules and procedures associated with each activity. Lastly, I affirm that I understand, even under the safest conditions possible, participation in any part of the camp activities may be hazardous, and I assume the risk of any and all loss or injury resulting from or arising out of or in any way connected with the same, for myself or my dependent, and specifically on behalf of the individual named above.

**BY SIGNING, YOU CERTIFY THAT YOU HAVE READ AND FULLY UNDERSTAND,
AND GIVE PERMISSION FOR THE ABOVE SITUATIONS.**

Parent/Guardian Signature *(please use ink)*

Date



100 Mayer Road
Frankenmuth, MI 48734
989.652.4663

[wellspringlutheran.com/
camphope](http://wellspringlutheran.com/camphope)

PICK UP INFORMATION

For the safety of all, if you are unable to pick your camper(s) up on Friday, we ask you to list anyone who has permission to pick them up.

Camper's Name

Person(s) permitted to pick up child

Relationship

Camper's Name

Person(s) permitted to pick up child

Relationship

ID MAY BE REQUIRED FOR PICK-UP



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