



Participation/Emergency Release for Camp Cavaignac

*Please mail this form to Leila Burrows, P.O Box 88, Ryde, CA 95680

Emergency Authorization

I, _____ the undersigned, do hereby grant my permission to the physician selected by the Camp Director or staff, to hospitalize or secure proper treatment for my child in case of medical emergency. Accompanying expenses shall be my responsibility and shall be paid by me. I also authorize Camp Cavaignac personnel to administer any first aid or over-the-counter medications to my child that they deem helpful. I hereby state that my child is covered by medical insurance.

Assumption of Risk/Release of Liability

I, _____ the undersigned, understand that summer camp is a wonderful and enriching experience for children and that part of the magic of camp is that campers are invited to explore many activities and challenges. I acknowledge that inherent risk accompanies such activities as swimming, diving, biking, water skiing and tubing, boating, horseback riding, dancing, rope swinging, running and other activities, including but not limited to, transportation in camp designated vehicles. I hereby accept such risks and acknowledge that I am allowing my child to attend Camp Cavaignac with this knowledge. I therefore agree that Camp Cavaignac, S.A.G.E. Arts and its officers and employees, and facility owners Robyn and Steven Burrows, shall not be held responsible for any injury or illness that my child may incur while, or may arise from, attending camp. I understand that my genuine consent to this agreement is what makes the operation of summer camp possible for my child and others, and I do enter into this agreement in good faith.

Camper Health and Behavior

Furthermore, I state that I have disclosed on the enclosed Health Form, all conditions, including behavioral, that I know my child to have in order that camp counselors and personnel may better care for my child. I also agree to discuss appropriate behavior and "camp rules" with my child so that the camp experience can be a happy and safe one. As legal guardian of the child named below, I take full responsibility for my child's conduct and actions while at camp and fully understand that the director may need to dismiss a camper whose conduct is unsatisfactory, creating undue problems for others. In this unlikely event, I understand that there would be no refund of the camp tuition.

Furthermore, I agree to examine my child one week prior to camp, for any communicable conditions such as head lice, ringworm, pink eye etc. If any such condition is noticed, I agree to treat it fully under the supervision of a physician until it is controlled and no longer contagious. I understand that head lice particularly, are very easy to contract and may go unnoticed unless the child is closely examined. I understand that this policy serves to protect not only other campers but my child as well.

Should both parents leave their place of residence for more than a day, the Camp Director will be advised and provided with contact information in case of emergency. I have read and agree to all of the above terms and conditions.

Camper Name

Parent/Guardian Signature

Date

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