

**CAMP WONDERKIN WAIVER OF LIABILITY FORM**

**ChesLen Preserve**

**Participant Information**

Participant Name \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt/Cell Phone \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Allergies or Medical Information \_\_\_\_\_

**Participant Waiver and Liability Agreement**

I understand that there are risks associated with outdoor and nature related activities. In consideration for the privilege to use the facility and/or attend the camp, my signature indicates that I assume the risk of any injuries that my child/ward may sustain while participating in any activity at Camp Wonderkin and for any injuries which my child/ward may sustain while on the premises of Cheslen Preserve. I ensure that my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I give permission for camp leaders to start preliminary treatment and arrange transportation for my child to a local Emergency Room in the event that my child become(s) seriously ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
Parent or Guardian of Participant

\_\_\_\_\_  
Date

**Photo Release**

I grant permission to Camp Wonderkin and its facilitators to take pictures and videos of my child during camp activities for lawful purposes including publication, promotion and advertising for camp specific website and social media.

\_\_\_\_\_  
Parent or Guardian of Participant

\_\_\_\_\_  
Date