

Camp Northstar

Consent Form

Camper's Name: _____

This form may be signed by a parent(s), legal guardian, approved agency staff, or camper if over the age of 18.

I/we the undersigned have received information regarding Camp Northstar and to the best of my knowledge and belief, the camper is physically and mentally able to participate in Camp Northstar and I/we give permission for the above named camper to participate in the Camp Northstar program.

I/we the undersigned acknowledge and fully understand that if my camper is hospitalized or injured with 30 days of the Camp start date that I must inform Camp Northstar and provide the required medical clearance prior to my camper being allowed to participate in camp. Participation in Camp is at the sole discretion of Camp Northstar.

I/we the undersigned acknowledge and fully understand that participating in camp activities involves risk of injury, including serious injury, permanent disability and even death which might result from their own actions or inactions; as well as the actions or inactions of others. And further that there may be other unknown risks not reasonably foreseen at this time. I/we the undersigned assume and accept responsibility and hereby release, discharge and agree to hold harmless Camp Northstar, its directors, officers, volunteers and volunteers of its affiliated organizations as well as the lessors of the facility, from any and all liability and any and all claims made on behalf of the individual: by the individual, his/her parents/guardians, heirs or next of kin made as a result of the individuals participation in the Camp Northstar Program.

Further I/we the undersigned do hereby authorize Camp Northstar that if a medical emergency should arise during the campers participation in any Camp Northstar activity at a time when I/we am not personally present so as to be consulted regarding the campers care, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization which Camp Northstar deems advisable in order to protect the campers health and well-being. This consent is limited to routine medical care and emergency situations only.

I/we grant permission (both during and anytime after), to use the likeness, name, voice or words in either television, radio, film, newspapers, magazines and other media and in any form for the purpose of advertising or communicating the purposes and activities of Camp Northstar and/or applying for funds to support those purposes and activities.

Informed Consent Provided By:

Name: _____

Address: _____

Day Phone #: _____ Evening Phone #: _____

Relationship to Camper: Self Parent Legal guardian Approved Agency Staff

Signature

Date

If form is signed by camper then a witness signature is required.

Required Witness

Relationship to Camper

I hereby certify that I have reviewed this release with the camper whose signature appears above. I'm satisfied based on this review that the camper understands this release and agrees to its terms.