

MOUNT SHEPHERD RETREAT CENTER

1045 MOUNT SHEPHERD ROAD EXTENSION

ASHEBORO, NC 27205

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SUMMER CAMP MEDICAL AND LIABILITY RELEASE FORM

Name of Session _____ Date of Camp: _____

(Parents/Guardians, please read these statements to your child to be sure of an understanding of what is expected. Your signature indicates that your child agrees with these statements.)

Agreement To Participate

I understand the program goals and theme of the camp that I will attend. I agree to participate in the programs and activities to the best of my ability. I agree and hereby state that I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate and after due consideration of my own physical health, physical abilities and medical conditions. I have informed the Camp Director or the Camp Nurse of any medical conditions I may have. I further state that in choosing to participate I am not under the influence of any illegal chemical substances including alcohol.

Camper's Printed Name Parent's/Guardian's Signature Date

Liability Release

I willingly and knowingly assume for myself, my heirs, family members, executors, administrations and assigns all risk of physical injury and sickness and emotional upset which may occur during or after participating in any aspect of the programs and hereby agree to hold Mount Shepherd Retreat Center, its employees, its instructors, facilitators, Board members and agents harmless for any liability arising out of my participation in the event. Also, I hereby give permission for photographs taken of my child/me during this event to be used in camp publicity, reports and recruitment.

I have read, or have had read to me, all information regarding the event my camper is attending at Mount Shepherd Retreat Center, including policies, procedures, limitations, and possibilities, and have discussed these with my camper as named above. My camper, as named above, has permission to participate fully in all camp activities. Any exceptions are designated below:

Exceptions:

Parent's/Guardian's Printed Name Parent's/Guardian's Signature Date

Pick-up Information

Unless otherwise noted my camper will be picked up at the time noted in the brochure or the confirmation letter.

Driver's Name: _____ or _____

If early pick-up please list date and time:

Parent's/Guardian's Printed Name Parent's/Guardian's Signature Date