

# CAMP WAIVER AND RELEASE OF LIABILITY FORM

Camp Location: \_\_\_\_\_ Participant Name: \_\_\_\_\_

## Participant Information:

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Parent/Guardian Name (if minor): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Camp Session Details:

Session Name: \_\_\_\_\_

Session Dates: \_\_\_\_\_

## Waiver and Release of Liability:

I, the undersigned, hereby acknowledge that participation in the camp program involves inherent risks which may result in injury, illness, or death. I voluntarily assume all risks associated with participation and agree to release, waive, discharge, and hold harmless the camp organizers, agents, employees, volunteers, and all affiliated entities (collectively, the "Releasees") from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in the camp activities. I certify that I (or my child) am physically fit, have not been advised otherwise by a qualified medical professional, and am able to participate in all camp activities. I understand that it is my responsibility to inform the camp of any medical conditions or allergies that may affect participation. I agree that this waiver, release, and assumption of risk is intended to be as broad and inclusive as permitted by the laws of the United States and the applicable state, and that if any portion is held invalid, the remainder shall continue in full legal force and effect. I acknowledge that I have carefully read this document, fully understand its contents, and voluntarily agree to be bound by its terms.

## Authorization for Medical Treatment:

In the event of injury or illness during camp participation, I authorize the camp staff to seek and consent to medical treatment on my behalf (or on behalf of my child). I agree to be responsible for any costs incurred for such treatment.

## Media Release:

I grant permission to the camp to take photographs, videos, or other media of me (or my child) during camp activities and to use such media for promotional, educational, or other lawful purposes without compensation or approval.

## Code of Conduct and Behavioral Expectations:

I agree to abide by all camp rules and regulations, including behavioral expectations. Failure to do so may result in

dismissal from the camp program without refund.

**Acknowledgment of Understanding:**

I have read and understood all sections of this Camp Waiver and Release of Liability Form. I certify that I am authorized to sign this document on behalf of the participant.

**Signature of Participant / Parent/Guardian**

**Date**

Signature: \_\_\_\_\_

\_\_\_\_\_

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