

# Wawa Kids Camp Liability Form



One per child please

Your Child's Name: \_\_\_\_\_

Circle Session:    6-8yrs       9-12yrs       13-15 yrs       Date: \_\_\_\_\_ Year: \_\_\_\_\_

Parent/Guardian's Names(s) \_\_\_\_\_

Best contact Ph #: \_\_\_\_\_ Alternative Ph #: \_\_\_\_\_

I desire my child to participate in the full camp program and all activities unless I advise Naturally Superior Adventures (NSA) otherwise in writing. To the best of my knowledge, my child is in good health. If there is exposure to any infectious disease and/or any change in my child's condition prior to attending Camp, I will notify Naturally Superior Adventures immediately by phone (705-856-2939) and in writing.

If, for any reason, my child requires medical attention or special medication beyond that furnished by NSA, I agree to be responsible for any expenses incurred. In the event of an emergency, I authorize NSA to take whatever steps may be deemed necessary including transport to the local hospital and care by Hospital medical staff.

By signing below, I expressly understand and agree to assume all risks and to release NSA, its officers, officials, agents and/or employees, other participants and, if applicable, owners and leasers of premises used to conduct activities, from any and all liability arising from any loss of personal property or any bodily injuries or sickness incurred by the child or parent/guardian on the property of Naturally Superior Adventures, or in connection with any of its activities or programs unless such loss of injury results directly from gross negligence or wilful and wanton misconduct of any employee or the organization acting within the scope of his/her employment.

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above.

Your Name (print) \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_