



Consent&Release2024
Revised February 9, 2024 3:09 PM

Camp WILD Consent and Release

I am this camper's parent or legal guardian. I affirm that I have been completely informed of Camp WILD activities. I understand the general nature of the activities and programs and do not need to be informed of each and every activity. I hereby voluntarily release and forever discharge the Mary Jo Wegner Arboretum, its officers, director, employees, and volunteers, from any and all claims, demands, or causes of action, which are connected with my child's participation in Camp WILD or the use of its equipment and facilities. I agree to pay for any and all medical expenses incurred and give permission to the doctor or health care professional to provide medical care if necessary. The information I've given in this form is complete and accurate.

By signing this form, I confirm that I have fully informed myself of the contents of this Parental Consent and Release Form by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Photos/Video

Please be aware that campers, as well as program and class attendees, may appear in promotional photos and/or videos on Mary Jo Wegner Arboretum social media and other marketing platforms.

ADULT: FIRST & LAST NAME

RELATIONSHIP

EMERGENCY CONTACT PHONE

EMAIL

CAMPER AGE/BIRTHDATE

CAMPER HOME ADDRESS

CITY, STATE, ZIP CODE

FOOD allergies

BUG Repellent

SUN block

SIGN

DATE

Pick-up & Drop-off for:

CAMPER FIRST & LAST NAME

CAMP NAME

PRINT NAME

SIGNATURE

TIME

MONDAY _____

TUESDAY

FOOD allergies

BUG Repellent

SUN block

WEDNESDAY

FOOD allergies

BUG Repellent

SUN block

THURSDAY

FOOD allergies

BUG Repellent

SUN block
