



Camp Wild Consent and Release

As this camper’s parent or legal guardian, I affirm that I have been informed of Camp Wild activities and programming, and I understand the general nature of the camp. I hereby voluntarily release and forever discharge the Mary Jo Wegner Arboretum and the City of Sioux Falls, its officers, directors, employees and volunteers from any claims, demands, or causes of action, which is connected to my child’s participation in Camp Wild or the use of its equipment and facilities.

I agree to pay for all medical expenses for my child which may occur during Camp Wild and give permission to the doctor or health care professional to provide medical care for my child, if necessary.

Below is my list of registered adults who I grant permission to drop-off our pick-up my child from Camp Wild.

_____ **Print Name** _____ **Phone Number** _____ **Print Name** _____ **Phone Number**

_____ **Print Name** _____ **Phone Number** _____ **Print Name** _____ **Phone Number**

Camper’s Name _____ Age _____

_____ I understand that my child may appear in promotional photos or videos on Mary Jo Wegner Arboretum’s social media, website or other marketing platforms. (Please initial)

Parent’s Signature _____ **Phone** _____

Sign In/Sign Out for Camp Week _____ **Time**

Monday Drop Off _____

Monday Pick Up _____

Tuesday Drop Off _____

Tuesday Pick Up _____

Wednesday Drop Off _____

Wednesday Pick Up _____

Thursday Drop Off _____

Thursday Pick Up _____