



I am the parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_,  
Print Your Name Month/Date/Year

and resides at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City, State Zip

For any situation, I can be reached at \_\_\_\_\_.  
Phone

As a parent/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.

\_\_\_\_\_  
Sign Date

List another who may drop off or pick up this camper: \_\_\_\_\_

## Camp WILD Drop-off and Pick-up Record

	DATE	Responsible Adult Name	IN TIME	OUT TIME
MONDAY	.....	.....	.....	.....
TUESDAY	.....	.....	.....	.....
WEDNESDAY	.....	.....	.....	.....
THURSDAY	.....	.....	.....	.....