

# PARTICIPATION AGREEMENT

If the Camper is a minor (under the age of 18) or legally incapable of handling his/her own affairs this form must be completed by a parent or legal guardian. Otherwise, it should be completed by the Camper.

Name of Camper: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
MONTH/DAY/YEAR

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The Camper wishes to participate in the summer program at Camp Health, Hope and Happiness Society. As a condition of participation he/she agrees to the following:

1. I am aware that Camp Health, Hope and Happiness Society provides activities such as swimming, boating, outtripping, a ropes course and climbing wall which will involve physical activity and could result in stress or injury. I waive any action or claim against Camp Health, Hope and Happiness Society for any accident or injury except to the extent that such accident or injury is due to the negligence of the Camp, its employees or agents.
2. I agree to pay any additional costs/charges not covered by camper fee but deemed necessary for the proper care of the camper, or arising from the actions of the camper, i.e., transportation costs in the event of early return, damage to property, cost to purchase medications, etc.
3. I consent and authorize such medical and/or hospital care as deemed necessary by competent medical authority of the Camp.
4. Camp Health, Hope and Happiness Society is a not-for-profit organization relying upon donations from the public and private sectors for its operation. I consent to the use, reuse and publication of my recorded voice, statements and photographs of me and I waive all current or future compensation.
5. I agree that Camp Health, Hope and Happiness is not responsible for damages to camper's property and/or equipment during their stay at camp.

DATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

CAMPER (IF OWN GUARDIAN): \_\_\_\_\_  
(SIGNATURE)

PARENT/LEGAL GUARDIAN: \_\_\_\_\_  
(SIGNATURE)

PHONE NUMBER: (BUS.): \_\_\_\_\_ (RES.): \_\_\_\_\_