

Consent Form for Camper Participation

****YOU MUST RETURN A DIGITAL COPY OF THIS FORM WITH A NOTARY SIGNATURE AND SEAL
OR YOUR CAMPER WILL NOT BE PERMITTED TO STAY AT CAMP****

Camp Participant's Name: _____

I hereby request and consent that my child or ward (named above) be permitted to travel to and from and participate in the following program of THE GOODTIMES PROJECT: CAMP GOODTIMES on the session dates of our choosing (either June 24–30, 2018 or July 15–21, 2018).

I agree to and understand the following:

1. My child or ward may be accompanied and transported by The Goodtimes Project (GTP) officials sponsoring the Camp and/or Camp Activities; however, neither GTP, nor its employees, agents, or volunteers assume any liability whatsoever by such accompaniment or transportation. My child or ward may travel to and/or from the Camp without accompaniment by said GTP officials; however, neither GTP, nor its employees, agents, or volunteers assume any liability whatsoever by not accompanying or transporting my child or ward, even if the travel expenses of my child or ward are paid in whole or in part by GTP.

2. I agree that neither GTP, nor its employees, agents, or volunteers associated with the GTP Camp and/or Camp Activities shall be held responsible for any injuries or damages that occur while my child is traveling to or from such GTP Camp and/or Camp Activities or during the time my child is in attendance at or is participating in the GTP Camp and/or Camp Activities. I do hereby hold harmless GTP, its employees, agents, and volunteers against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's travel to and from, attendance at or participation in the GTP Camp and/or Camp Activities.

3. In consideration of this camping opportunity, applicant does thereby agree to indemnify and hold The Goodtimes Project and Camp Goodtimes West harmless from any claims for accident or injury sustained by the camper named in this form while attending or participating in any Camp Goodtimes West program on or off the Camp Goodtimes West premises.

4. In the event I cannot be reached in an emergency, I hereby authorize any GTP employee, agent, volunteer, or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child and to share my child's medical information with camp staff and volunteers when necessary for medical needs. I further agree that no GTP employee, agent, volunteer, or designated chaperone will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I also authorize the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for my child. I do hereby agree to indemnify and hold harmless GTP and any GTP employee, agent, volunteer, or designated chaperone from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorneys' fees, which arise out of or are in any way connected with the provision of such emergency medical services.

5. The nature of the GTP Camp (Camp Goodtimes West) and/or Camp Activities has been reviewed with me, and I hereby give my approval for participation.



Notarized Permission: 2018
(Form A)

RETURN THIS FORM
Must submit digital copy

Camp Participant's Name: _____

IMPORTANT:

- You must sign this form in the presence of a Notary.
- Your signature is required or we will not be able to accept your child at camp.
- This form **MUST** be notarized.

I have read this document, I understand its contents, and I agree to its terms.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

(This section to be completed by Notary)

Subscribed and sworn to before me on _____

Signature of Notary

(Print name of Notary)

NOTARY PUBLIC in and for the State of _____

Residing at _____

My appointment expires on _____

