



# Camp Caroline Waiver and Release of Liability Form

\* This form must be completed by a parent/guardian and turned in to Friends of Caroline prior to your child’s participation at Camp Caroline.

Camper’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Camp Caroline (hereafter known as CC) is a service of Friends of Caroline Hospice (hereafter known as FOCH). In consideration of my minor child/ward (“my child”) being permitted to participate in the Camp Caroline program, its related events and activities, and utilize the community facilities at Fripp Island and materials of CC and FOCH, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance FOCH and Fripp Island Community Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

### Parental Consent (Complete if applicant is under 18)

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

### Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that neither FOCH nor Fripp Island Community Center will provide medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

