

Camp Anglewood, LLC General & Medical Release Form

Child's Name: _____

Event: _____

Event Date: _____

General Release

I hereby release Camp Anglewood, LLC as well as its agents, representatives and employees from all liability during the event listed above for (a) any event related injury to my child and (b) property damage to other event participants or their families caused by my child.

Signature of Parent or Guardian: _____ **Date:** _____

Medical Release

Parents (or Guardians) understand that some of the activities offered by Camp Anglewood, LLC for the event indicated above may be rigorous and demanding, and believe that the child indicated above can participate this event with no limiting predisposed health issues. Parents (or Guardians) will release and hold harmless Camp Anglewood LLC, its agents, representatives and employees from any and all liability to them or their child as a result of his/her attending the event indicated above.

In case of a medical emergency, parent (or Guardian) understands that every effort will be made to contact the parents or guardians of the event participant. In the chance that they cannot be reached, they hereby give permission to the physician selected by the event coordinator (who may or may not be associated with Camp Anglewood, LLC) or hospital to secure proper treatment, order injections, administer anesthesia, or perform surgery for their child named on this form. Your signature below indicates your agreement to the Camp Anglewood, LLC Medical Release.

Signature of Parent or Guardian: _____ **Date:** _____

Our physician is: _____

Physician's address & phone no.: _____

My address is: _____

Home Phone: _____ Cell/Office Phone: _____