

## Participation Agreement

Name of Camper: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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, out tripping, 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 agree that Camp Health, Hope and happiness Society is not responsible for any lost or 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): \_\_\_\_\_

