Camper/SIT Release Form

Dear Parents & Guardians,

Your camper has been selected to participate in the Camp Capers Staff-in-Training (SIT) Program! In order for your child to participate during the SIT Retreat as well as during the week(s) they have been selected to serve, we need you to please fill out the camper/SIT release below. Please let us know if you have any questions or concerns. Thank you!

Please read the following carefully:

- In signing this document, I hereby certify that I give permission for my child to participate in the Staff-in-Training (SIT) Program at Camp Capers.
- I understand that pictures and videos are taken at camp. I hereby give permission for the use of such pictures and videos of my camper for the promotion of Camps & Conferences programming, including Camp Capers sessions in print and on social media.
- I hereby give permission to Camp Capers to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Capers to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named below. This completed form may be photocopied for trips out of camp.
- I hereby give permission for my camper's belongings to be searched, with my camper present, when the Camp Capers Staff deem it necessary to protect the health, well-being, or safety of my camper or others.
- I understand that the terms herein are contractual and not a mere recital.
- I have signed this document as my own free act and in consideration of the agreement by Camp Capers to accept my camper for the camp program chosen.
- I HEREBY AGREE BY EXECUTION OF THIS DOCUMENT TO RELEASE CAMP CAPERS, THE STAFF, THE BOARD OF DIRECTORS, THE EPISCOPAL DIOCESE OF WEST TEXAS, AND ALL OTHERS ACTING FOR OR ON BEHALF OF CAMP CAPERS FROM ALL LIABILITY WHATSOEVER, FOR PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF CAMPING AND OTHER ACTIVITIES SPONSORED BY CAMP CAPERS.

Camper/SIT Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____