

Camper Name: _____

Session: (circle one) 1st 2nd 8 weeks

PARENT/GUARDIAN CONSENT FORM

I understand that certain Camp activities and camper transportation carry a risk to participants, including but not limited to: traveling, hiking, swimming, and other activities and opportunities offered by the Camp, and I hereby consent to the participation of my camper(s) listed above in such activities. In addition, I consent for my camper(s) to be transported to/from any outside trip or activity for which Camp transportation is provided. I understand that if my camper(s) does not comport herself in accordance with the Camp policies and procedures on any trip or activity, she may be prohibited from participating in future trips or activities. I agree that any expenses incurred as a result of such prohibition will be my responsibility and further agree that no refund shall be due because of such prohibition from subsequent trips or activities.

I agree that my camper(s) may be photographed or otherwise recorded in any media for the Camp's marketing and promotional purposes (such as but not limited to: catalogues, advertising materials and websites), and I consent to such promotional use and understand that all such photos shall be the sole and exclusive property of Birch Trail Camp For Girls, Inc.

I hereby authorize Camp staff to direct my campers(s) to use certain protective and/or preventive products, such as sun screen and insect repellent, and understand that I may be required to select the products to be used.

In the event of illness or injury, I hereby authorize the Camp to provide and/or procure medical treatment for my camper(s), as appropriate and necessary; by signing below, I understand that I am giving the Camp consent to provide and/or procure such medical treatment.

The undersigned hereby agrees to indemnify and hold harmless the Camp against any liability, losses, damages or expenses incurred or required arising out of the acts or omissions of my camper(s) during the time she is attending the Camp, whether or not such acts or omissions occur on Camp premises.

I understand that my camper(s) may not attend the Camp unless and until the accompanying Health History Form is received by the Camp. I must inform the Directors prior to camp if my camper(s) has received professional counseling or medication during the last 12 months. I understand that failure to do so may lead to dismissal of camper from camp, and in the event of such dismissal, there will be no refund.

No reduction in tuition is allowed for campers arriving late, leaving early or departing temporarily during the period for which they are enrolled, except as provided herein. In the event it becomes necessary for a camper to leave camp early for a reason Camp Birch Trail deems to be outside the camper or family's control (illness, family emergency, etc.), up to 25% of the unused tuition will be refunded promptly after parent's written request.

Birch Trail reserves the right to dismiss, without tuition refund and at the Director's sole discretion, any camper whose behavior, condition, conduct or influence is deemed harmful, unsatisfactory or detrimental to herself or to the camp community or who violates camp rules and regulations. Birch Trail is not responsible for the loss of personal property due to fire, theft or carelessness of the camper. Parents may be responsible for damage to the property of others occasioned by their child's acts in accordance with state and federal laws. Birch Trail is not responsible for campers belongings or equipment while in transit or at Camp.

I acknowledge that I have read and understood Birch Trail's Parental consent form and agree to abide by it. I understand that this is a contract that legally binds me.

PARENT- PLEASE SIGN: _____ DATE: _____

Parent - Printed Name: _____