

## **CAMPCARE Nevada Foundation Release Form**

Parent/Guardian Name(s) \_\_\_\_\_ Camper Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian email address \_\_\_\_\_

**LIABILITY RELEASE:** In Consideration of CAMPCARE having the above camper participate in camp activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless CampCare, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the above camper while involved with CampCare. Furthermore, on behalf of my camper, I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the camper, if necessary, for transportation to and from the camp location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless CampCare, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation to a medical facility.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the above camper has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the camper under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility or licensed pharmacy. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned camper pursuant to this authorization.

**PHOTO/VIDEO PERMISSION:** ☐ I DO / ☐ DO NOT (circle one) give my consent for CampCare to use or video images taken of my camper in camp brochures, advertisements for the camp, on the website, in social media, newsletters and in other publications as they see fit. I agree to hold harmless CampCare from any liability which may result from the use of said picture (s). This form will apply throughout my campers tenure at CampCare. \*\* None of the photos will be for personal use.\*\*

I hereby give permission for my camper to participate at CampCare at Zephyr Point Presbyterian Conference Center Zephyr Cove, NV July 13-19, 2026.

Parent/Guardian

Signature \_\_\_\_\_ DATE \_\_\_\_\_