

**PINEWOODS CAMP, INC.
PARENT & GUARDIAN RESPONSIBILITY AND
MEDICAL CARE AUTHORIZATION FORM**

I. FOR CHILDREN ATTENDING CAMP WITH THEIR PARENT OR PARENTS:

I / we, _____, parent(s) of _____ accept full responsibility for my/our child named above while in attendance at Pinewoods Camp during **2022 Labor Day Weekend at Pinewoods Session**. I/we have read and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to my/our child named above while in attendance at Pinewoods Camp.

(Signature of Parent)

(Date)

(Signature of other Parent, if also attending)

(Date)

II. FOR CHILDREN ATTENDING CAMP WITH A GUARDIAN (fill out both sections below):

I / we, _____, parent(s) of _____ accept full responsibility for my/our child named above while in attendance at Pinewoods Camp during **2022 Labor Day Weekend at Pinewoods Session**. I/we have read and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to my/our child named above while in attendance at Pinewoods Camp. In addition, _____ has permission to authorize emergency medical treatment, as necessary, for the child named above.

X _____
(Signature of Parent)

(Date)

I, _____, accept full responsibility for _____ while in attendance at Pinewoods Camp during **2022 Labor Day Weekend at Pinewoods Session**. I have read and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to the child named above while in attendance at Pinewoods Camp.

X _____
(Signature of Guardian)

(Date)

**THIS FORM MUST BE PROVIDED TO PINEWOODS CAMP, INC. BEFORE ARRIVAL AT CAMP IN
ORDER FOR YOUR CHILD TO ATTEND.**