



New England LifeTeen Camp

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Dedham, MA 02026
774.254.2369
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SUMMER CAMP

Participant Agreement

Each person in your group
must fill this out.

Participant Information

(Please print or type clearly)

T-shirt size: S M L XL XXL

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Grade: _____

Group Name: _____ City: _____ State: _____

Health Information (Please submit a copy of participant's insurance card)

Doctor's Name: _____ Doctor's Phone: _____

List any medications and dosage: _____

List any allergies including medication and foods: _____

List any chronic medical problems: _____

List any physical restrictions: _____

Emergency Contact

Name: _____ Phone: _____

Waiver

I, _____, am either an emancipated adult or the parent/guardian of a minor child who will be participating in the New England LifeTeen Camp. I am fully aware that my own/child's participation in the camp is totally voluntary. I hereby release on behalf of myself/my child, the New England LifeTeen Camp from any and all damages, losses, costs, expenses, judgments and executions that may arise as a result of personal injury, including but not limited to death, suffered by myself/my child while participating in the camp. Further, if needed for physical or mental health reasons, I give permission for myself/my child to be evaluated, diagnosed, treated and/or given medication by licensed medical/mental health personnel. I agree to accept any and all financial responsibility as a result of the provision of such medical or mental health treatment provided by any third party agencies and agree to pay such third party agencies the cost of the bill. I, on behalf of myself/my child release the New England LifeTeen Camp and agree to hold the camp harmless from any and all personal injuries, including but not limited to death that may occur to myself/my child as a result of the provision of the medical or mental health treatment authorized herein.

I certify that I/my child shall abide by all the rules and regulations promulgated by the New England LifeTeen Camp and its staff. In the event that I/my child does not cooperate with such rules and regulations, or commits any infraction of the rules and regulations, I/my child may be immediately dismissed from the camp at my expense.

I grant permission to the New England LifeTeen Camp to photograph, video or audio tape, film or otherwise record me/my child and to use images of me/my child in photographs, video or audio tapes, film or recordings for the purpose of promoting the mission, activities and programs of the New England LifeTeen Camp. I understand and agree that I/my child is not entitled to any compensation or rights in these materials and I release on behalf of myself/my child the New England LifeTeen Camp from any and all losses, damages, costs, expenses, liabilities, judgments or executions for the use of my/my child's image as set forth herein.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signed: _____ Date: _____