



Ned Smith Center for Nature and Art Summer Camps 2019 RELEASE FORM

Send forms and payment to:
Ned Smith Center for Nature & Art
176 Water Company Rd.
Millersburg, PA 17061

**Parent/Guardian must complete and sign this form for EACH CAMPER under 18.*

Camper Name:		
Parent Name:		
Email:		
Home Phone:	Mobile:	Work:
Emergency Contact: <i>(other than parent listed above):</i>	Relationship:	Phone:

PLEASE COMPLETE BOTH SIDES

Allergies: Please describe each allergy, reaction and management, administration of medication, Epi-pen, etc. If no allergies exist, please list "none known." REQUIRED.

Additional Medical Information: We want your child to have a fun, safe and successful experience at camp! Please check all that apply and provide explanation, if necessary. Has/does the camper:

- Wear glasses or protective eyewear? Have a condition that requires our knowledge or special care?
 Have restrictions on their activity at camp?

Anything else that we should know? _____

Pick-Up Information (REQUIRED)

*Please list all adults, including parents, with permission to pick up your camper.
NSCNA reserves the right to ask for I.D. at time of pickup.*

NAME	RELATIONSHIP	PHONE

Consent Statement: I/We, _____, and _____, the parent(s) and or legal guardian(s) of the above referenced child, wish for my/our child to participate in Ned Smith Center for Nature and Art's ("NSCNA") Summer Camp program, (the "Program"). I/We understand that there may be unforeseen dangers associated with the Program. I/We hereby release and hold harmless NSCNA and its officers, directors, employees and agents from and for any and all claims, demands, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or to property suffered or incurred by my/our child not arising from the gross negligence of NSCNA and otherwise regardless of the cause thereof in connection with the Program or any aspect of it. I/We also give permission for NSCNA to use photos/videos of my child for educational and/or promotional purposes.

This release shall be binding upon me/us, and my/our heirs, next of kin, executors, administrators and assigns.

Parent Signature: _____ **Date:** _____
signature required

Questions or Concerns? Please feel free to contact us at
(717) 692-3699 OR at www.nedsmithcenter.org