



APPLE DAY CAMP

*'Growing **BIG** Dreams in Small People'*

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RELEASE, WAIVER & CONSENT FORM

INSTRUCTIONS: Please read the following information carefully. Fill in all blanks. Do not sign this form unless you are sure you fully understand and agree to its conditions. Alterations will not be recognized.

I. ACTIVITIES

I hereby give consent and permission for the children named below to participate in all activities sponsored by or otherwise engaged in or affiliated with **Apple Day Camp**, *except for those activities expressly prohibited on each child's Confidential Personality Sheet.*

I understand that there is an inherent risk involved in all camp activities including, but not limited to, horseback riding, farm animal feeding and petting, archery, climbing walls, fishing, swimming and travel trips.

I understand and agree to **Apple Day Camp's** activity schedule which calls for: (1) extensive off-site programming and travel to and from an off-site locations, (2) exposure to goats, horses, and other animals and (3) potential exposure to outdoor elements and strenuous activity. Unless I have indicated so in writing explicitly to the Camp Director, **my child does not have any physical or mental conditions which would:** (1) restrict or prevent him/her from participating in the scheduled activities or (2) would increase the risk of harm. Further, I understand that this schedule is subject to change without notice.

On behalf of my child, I hereby release, absolve, forever discharge and agree to hold harmless the **Apple Day Camp Inc.**, its officers, its directors and employees and Timothy Hill Children's Ranch Inc. from any claims, on behalf the children named below, for injuries or damage resulting from: (1) their failure to obey and cooperate, (2) the risks and dangers inherent in the activities offered or (3) as a result of unforeseeable or unpredictable events.

II. MEDICAL ISSUES & TREATMENT

To the best of my knowledge, all pertinent and requested medical and medical insurance information has been submitted to **Apple Day Camp**. If my child becomes injured/ill while in the care of **Apple Day Camp**, I consent and authorize **Apple Day Camp** medical personnel to determine the course of medical treatment. I expect reasonable effort to be made to contact me in a medical emergency; however, I understand such prior notification may not always be possible or prudent.

I understand that I am responsible for the cost of any medical services incurred.

I agree to supply my child with an appropriate level of sunscreen: (1) Before my child leaves for camp and/or (2) I will send this item with my child to camp. I agree to allow **Apple Day Camp** staff to make their best effort to ensure my child is wearing appropriate levels of sunscreen at all times.

III. USE OF "IMAGE AND LIKENESS"

I understand that the children named below may be photographed during the course of attendance at **Apple Day Camp**. I further understand that such photographs are to become the property of **Apple Day Camp** and are reserved for promotional use including, but not limited to, its website, informational materials, and print advertisements.

I have read, understand, and consent to all of the terms and conditions outlined above and waive my right to dispute these terms. I am an authorized parent/guardian for each listed camper.

Camper Legal Name(s) 1. _____ 2. _____
3. _____ 4. _____

Parent/Guardian Signature: _____ Date: _____

WAIVER STATEMENT