



Release and Request to Participate

Member's Name (print):

Description of Activity:

Date of Activity: _____ Depart: _____ AM/PM Return: _____ AM/PM

Method of Transportation:

Children delivered home Parents pick up children Walking Private Car

Wear: _____ Other: _____

Bring: _____

I request that my child be permitted to participate in the activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to be a member of Camp Fire. I expressly request that my child participate voluntarily in the activity.
2. I understand and acknowledge that I waive and forever release and discharge Camp Fire Long Beach and its officers, employees, agents, and volunteers from all liability, claims, loss, cost, or expense arising from or attributed to the above identified activity.

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other member's health.

Medical Authorization

Should my child need to have medical treatment while participating in this activity, I hereby give Camp Fire Long Beach permission to use their judgment in obtaining medical services for my child and I give permission to the physician selected by Camp Fire Long Beach to render medical treatment deemed necessary and appropriate. I understand Camp Fire Long Beach has no insurance covering such medical or hospital costs incurred and such treatment shall be my sole responsibility.

Member's Name

Emergency Telephone Number

Home Address

Home Telephone Number

Business Telephone Number

Signature of Parent/Guardian

Please list below any special instructions regarding medical treatment:

I have read this Release and Request to Participate agreement and understand that I will give up substantial rights by signing it, and sign voluntarily.

Printed name(s) of Parent/Guardian _____

Signature(s) of Parent/Guardian _____ Date: _____