



Swamp Camp Services, Inc.

Waiver of Liability and Authorization for Treatment

Group Event: _____

Participant Name: _____ **Minor or Adult** (circle)

Waiver of Liability: I, signing for myself or as parent or guardian of the person named above, do hereby give my permission for myself or them to attend and participate in all activities of the planned event held at Swamp Camp Services, Inc. aka The Swamp, located in Penfield, Georgia. To the extent permitted by law, I agree not to hold The Swamp, its employees and volunteers, and all individuals associated with the program liable for any injury or harm to me or my child as a result of my or my child's participation in planned activities or while one of us is in transit to or from the program activity.

Authorization for Treatment: In the event that emergency medical or dental treatment is needed, I hereby give permission to the event directors and medial staff to seek any treatment they deem necessary (x-rays, routine tests, and necessary transportation). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for myself or the child named above. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided.

Authorization for Publications: I authorize the use of our photograph for any retreat publications printed or electronic, i.e. brochure, flyer, website, etc.)

Adult Participant or Parent/Guardian of Participating Child:

Signature: _____

Print name legibly: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Insurance Co. Name: _____ Phone: _____

Insurance Co. Policy No.: _____ Group: _____