

2024 Permissions Form

Camper's Name:	DOB:
Today's Date:	
Permission to Particpate/Acknowledgement of Risk	
I understand that part of the camping experience involves activities and group into child, and that they come with uncertainties beyond what I* / my child may be use uneven terrain, extreme weather, standing and moving water, communicable discresult in wildlife encounters including mammals, reptiles and insects that could re transmitted diseases, activities such as field and court sports that may result in fa objects, high and low elements courses, rock wall climbing, gymnastics, waterfrom	ed to dealing with at home. These include eases, forested and other areas that may sult in infections and various insect- Ils, collisions or being struck by wayward
I am aware of these risks and I am acknowledging them on behalf of myself* / my free, and so I* am aware or I have instructed my child on the importance of abidin both agree that they / I^* are familiar with these rules and will obey.	
Knowing this I grant permission for me* / my child to engage in these and other or	ff-campus activities.
(*if age 18 or over)	
*Camper Signature (if 18 or over):	
Parent/Guardian Signature (if camper under 18):	
Photo/Video/Social Media Release	
We arrange for numerous photographs to be taken of the children and staff during representative sample of those photographs in our various publications and display objection to your child's photograph being used in our literature, videos, or web paperpared for that purpose, pursuant to Civil Rights Law Section 50:	ays for the coming season. If you have no
I grant permission to LIONS CAMP BADGER, its agents, and its employ to produce photographs and video taken of my child, myself, and members BADGER for any lawful purpose including publication, promotion, illustration, adv manner or in any medium. I hereby release LIONS CAMP BADGER and its legal violation or claims relating to said images or video. Furthermore, I grant permission myself, or my family members given during an interview or evaluation with or with advertising and publicity without restriction to time limit or geographic area. I waiv family's rights to any and all compensation stemming from the use of these mater	s of my family while at LIONS CAMP rertising, trade, or historical archive in any representatives from liability for any on to use the statements of my child, rout my name for the purpose of re my right, my child's rights, and my rials.
Please DO NOT use my camper's image or photo in any form for any pub	lication
Camper Signature: (if 18 or over):	
Parent/Guardian Signature (if camper is under 18)	



2024 Permissions Form

<u>Swimming</u>		
	Camper has permission to swim while attending summer camp at Lions Camp Badger	
Camp	er Signature (if 18 or over)	
Paren	t/Guardian Signature (if camper is under 18)	
Suns	creen (Spray Preferred)	
	Camper has permission to carry and use topical sunscreen products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness	
	Camper may be assisted in applying sunscreen by camp personnel	
Camp	er Signature: (if 18 or over)	
Paren	t/Guardian Signature (if camper is under 18)	
~~~.'	Bug Repellent (Spray preferred)	
The D	epartment of Health recommends that individuals unable to check for ticks on themselves have medical staff do it for Descriptions of full body tick checks and additional information can be found at: <a href="https://www.cdc.gov/features/stopticks">https://www.cdc.gov/features/stopticks</a>	
	nay send tick repellant for your camper with their name clearly labeled on the can. Due to safety reasons, we hable to share someone else's spray with your camper.	
	Camper has permission to carry and use topical insect and/or tick repellent products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of repelling insects and insect bites and not for medical treatment of an injury or illness.	
	Camper may be assisted in applying insect/tick repellent products by camp personnel	
	I hereby authorize the medical team at Lions Camp Badger to perform a full body tick check in the event that it is suspected that camper may have come into contact with ticks.	
Camp	er Signature (if 18 or over):	
Paren	t/Guardian Signature (if camper is under 18):	