

Sassafras Camp on Equinox Farm

July 2020

Participation Slip & Release of Liability

At Sassafras Camp we take the health and safety of your child seriously. Safety and risk management is accompanied with competence and keen judgment. All activities will be supervised by an adult.

I _____ represent that I am the parent or legal guardian of _____ (participating camper). I hereby authorize my child to participate in all of the activities at Sassafras Nature and Arts Camp during the week of **July 20th – 26th, 2020**. I hereby release Equinox Botanicals Farm, Sassafras Camp, Lonnie (Alana) Galt-Theis, Paul Strauss, and all Sassafras Camp employees from any liability, claims, damage, or expense sustained by my child in connection with such participation.

In case of injury while at the program, I authorize Lonnie and Sassafras Camp employees to provide first aid treatment and/or emergency medical treatment (circle YES or NO). I give permission for my child to be taken to a hospital or specified location _____ for emergency medical treatment if necessary. Sassafras Camp will make every effort to contact parents in the event injury occurs.

Family Physician (Name, Phone, Address): _____

Signature of Parent/Legal Guardian _____ Date _____

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