



# 2020 Camp Release Forms

**DUE 2 WEEKS BEFORE CAMP STARTS**

**Fill all 4 forms out separately for each child attending camp**

Child Name (and nickname, if applies): \_\_\_\_\_

Name(s) of Parent(s)/Legal Guardian(s): \_\_\_\_\_

## SELECT YOUR CAMP SESSION (S):

- Minnesota Animals; June 22 - 26, 2020
- Minnesota Animals; July 6 - 10, 2020
- Junior Naturalists; July 20 - 24, 2020
- Junior Naturalists; Aug 3 - 7, 2020

## RELEASE & HOLD HARMLESS AGREEMENT:

ACKNOWLEDGMENT OF RISK: I HEREBY ACKNOWLEDGE AND AGREE that the camp that my son or daughter will attend has inherent risks. I have full knowledge of the nature and extent of all the risks associated with camp activities.

RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE: In consideration of participation in the camp, I, the undersigned agree to release and on behalf of myself, my child, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Saint John's University, its officers, agents, sponsors, and employees from any cause of action, claims, or demands of any nature whatsoever, including but not limited to, a claim of negligence, which I, my child, my heirs, representatives, executors, administrators, and assigns may have on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to participation in the camp whether supervised or unsupervised, however the injury or damage is caused. In consideration of participation, we agree to INDEMNIFY AND HOLD HARMLESS Saint John's University, its officers, agents, sponsors, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way relating to my son or daughter's participation in the camp. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the camp activities and that we are voluntarily assuming the risks. We release Saint John's University, all other event sponsors, of any and all liability for such loss, damage, or death. I further certify that my son or daughter is in good health and has no physical limitations which would preclude safe participation in the camp activities.

## CONSENT FOR MEDICAL TREATMENT:

SJU requires all campers to carry insurance. If a serious illness or injury develops, medical and/or hospital care will be given. There is a consent for treatment area in all camp registrations giving permission to the attending health care provider to secure proper treatment for or to hospitalize the camper. Staff members for the activity are not responsible in case of accidental injury or illness. I/we certify that my/our son/daughter is medically fit to participate in camp and grant permission for medical attention if needed during Camp activities. I release Saint John's University, its employees and its Camp Staff from all claims that may be sustained by my/our son/daughter while participating in the Camp. I/we agree to indemnify Saint John's University for each claim, which may hereafter be presented by my/our son/daughter as a result of any such injuries. In addition, my/our son/ daughter currently has health insurance coverage.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives.

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Camp Session(s): \_\_\_\_\_ June 22-26  
\_\_\_\_\_ July 6-10  
Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ July 20-24  
\_\_\_\_\_ Aug 3-7

**EMERGENCY CONTACTS: 2 people able to be reached while camp is in session**  
(include yourself if applicable)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**HEALTH + SAFETY SURVEY:**

Allergies and/or dietary restrictions, and associated reactions:

1. \_\_\_\_\_

2. \_\_\_\_\_

Disabilities (physical and learning):

1. \_\_\_\_\_

2. \_\_\_\_\_

Special needs, social challenges, fears/phobias, or other considerations:

1. \_\_\_\_\_

2. \_\_\_\_\_

What is the best way to help gain your child's composure if he/she might become hurt or upset?

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED PICK-UP/DROP-OFF:**

Campers must be escorted by either a parent, legal guardian, or an authorized caretaker to and from the camp location each day and signed in with a staff member. A parent or guardian may authorize at least three individuals, including themselves, to pick up their camper. Authorized individuals may be required to present valid identification to pick-up any child from camp. **I authorize the following individuals to pick-up my child (include self if applicable):**

\_\_\_\_\_  
\_\_\_\_\_

**Photo Release:** Saint John's Outdoor University uses photographs and video footage of program participants in promotional, scholarly, educational and other Outdoor U materials. We request permission to use your child's likeness for promotion of Outdoor U programs. By signing below you provide consent and thereby authorize Outdoor U to include your child's likeness. *I give my authorization:* \_\_\_\_\_ Yes \_\_\_\_\_ No

**Sunscreen & Bug Spray Authorization:** In the interest of the health and wellbeing of our campers, Outdoor U staff may need to re-apply or ask campers to re-apply sunscreen and/or bug spray over the course of the camp. This authorization allows staff to apply these products if needed, whether the applied product is supplied by the camper or from Outdoor U inventory. *I give my authorization:* \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



# EXTENDED CARE

You DO need to complete this form even if your child will NOT be using extended care before or after camp.

Child Name (and nickname, if applies): \_\_\_\_\_

Name(s) of Parent(s)/Legal Guardian(s): \_\_\_\_\_

## SELECT YOUR CAMP SESSION (S):

- Minnesota Animals; June 22 - 26, 2020
- Minnesota Animals; July 6 - 10, 2020
- Junior Naturalists; July 20 - 24, 2020
- Junior Naturalists; Aug 3 - 7, 2020

Check-in is expected by 8:30 am each day. Doors open at 8:15 am.

Pick-up is expected by 4:00 pm each day. Doors close at 4:15 pm.

Early Care available between 7:30-8:15 am and costs \$5/day.

Late Care is between 4:15-5:00 pm each day and costs \$5/day.

If you arrive early for drop off or late for pick up and have not informed camp staff by the first date of camp, you will be charged \$5 for every 15 minutes you are early or late.

Changes to extended care schedules can be made by contacting camp staff by the first day of camp. We will bill you at the end of camp for the times you used extended care.

### My child will be attending early or late care during summer camp:

\_\_\_\_\_ Yes (fill out chart below and sign below)      \_\_\_\_\_ No (skip chart below and sign bottom of form)

Fill out chart with day(s) camper is attending early and/or late care				
Day of Week	Early Care		Late Care	
Monday	Yes	No	Yes	No
Tuesday	Yes	No	Yes	No
Wednesday	Yes	No	Yes	No
Thursday	Yes	No	Yes	No
Friday	Yes	No	Yes	No

Comments

---

---

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_