

# 2009 CAMP ALLEN CAMPER APPLICATION CONSENT AND RELEASE FORM

The applicant/guardian has read and understands all the information in this application. The applicant will receive a Health and Medical Exam form that must be completed and returned before they will be admitted to Camp Allen.

The applicant must have a written physician release to attend Camp Allen if they have been recently exposed to a contagious disease within the three weeks prior to coming to camp.

The applicant agrees to engage in all camp activities including fieldtrips and bus trips off the camp proper.

The applicant agrees to release any claim or cause of action which may accrue against Camp Allen and any employee of Camp Allen and any person acting with the permission of Camp Allen, arising out of any injury to the camper during stay at camp, in transit to or from camp, or during and activity by any of said persons, and the applicant/guardian agrees to assume claim which said minor in their personal capacity might have against any of said persons for injury herein stated.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatments for myself/applicant. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for myself/applicant as named in this application.

The applicant consents to use of their name, photographs, videotapes and comments in publicizing the work of Camp Allen, Inc.     Yes     No

The applicant consents to use of their photo on Counselor/Staff Facebook, MySpace and/or other internet pages.     Yes     No

Camper Name \_\_\_\_\_

Signature of applicant or parent/guardian if applicant is under 18 or has a court appointed legal guardian.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

If not camper, relationship to camper \_\_\_\_\_

*This facility is operated in accordance with U.S. Department of Agriculture policy which does not permit discrimination because of race, color, sex, age, disability or national origin. More information may be obtained here or from the Office of Equal Opportunity, USDA, Washington, DC, 20250. Any person who believes that he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, DC, 20250.*

CAMP ALLEN INC., 56 Camp Rd., Bedford NH 03110  
Phone: (603) 622-8471 Fax: (603) 626-4295 www.campallennh.org  
annemarie@campallennh.org or deb@campallennh.org