

## **Cancer Family Care Camp Courage Waivers/Permission**

**Camper Name:** \_\_\_\_\_

**\*\*\*\*Please do not send your child to camp if they have had fever, vomiting, or diarrhea within 24 hours prior to camp. Thank you!**

In consideration of my signing this agreement, I hereby assume all risks which might be associated with “*Camp Courage*” for myself, my heirs, and administrators. I waive any and all rights and claims for injuries or damages which I may have against the organizers and sponsors of this event, Cancer Family Care, Camp Joy Education Center, their representatives and successors for any and all injuries or damages of any kind whatsoever suffered by me or my child as a result of participating in “*Camp Courage*” and its related activities.

I give my permission to administer prescription medications, first aid, emergency transportation, and or medical treatment to my child.

**Parent/Guardian Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

I give my permission to Cancer Family Care and the news media to use pictures and/or video of my child enjoying Camp Courage.

**Parent/Guardian Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

“*Camp Courage*” will be staffed by counseling professionals and volunteers. All adults participating have undergone background checks for your child’s safety. If your child needs individual care during the day, please contact Holly Eary at Cancer Family Care at 513-731-3346, extension 111 or [heary@cancerfamilycare.org](mailto:heary@cancerfamilycare.org) to discuss your child’s special needs. Depending on the severity of your child’s needs, we may or may not be able to serve your child. Parents/guardians are not permitted to accompany their child throughout the day.

*Please bring this form and the Camp Joy forms signed on the day of Camp Courage to be turned in at registration. Your child cannot attend Camp Courage without these forms.*