

# Camp Wisconsin Summer Workshop

July 20-21, 2022 • Carroll University • Waukesha, WI

Each attendee is required to complete, sign and return this release form.

Email to: [cindy.wandschneider@walsworth.com](mailto:cindy.wandschneider@walsworth.com)

OR

Mail to: Cindy Wandschneider • 1265 Chickadee Lane, Grafton, WI 53024

Attendees will NOT be allowed to participate without the signed release on file. Additional forms may be downloaded at

[www.camp-wi.com](http://www.camp-wi.com)

## Participant Information

Name: \_\_\_\_\_ School: \_\_\_\_\_

*Please print clearly*

## Participant Release

Please indicate the name(s) of the adult(s) attending and providing supervision.

Chaperone/Adviser: \_\_\_\_\_ Chaperone/Adviser: \_\_\_\_\_

### IN CASE OF EMERGENCY NOTIFY:

Name \_\_\_\_\_ \_ Parent \_ Legal Guardian \_ Other (specify) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Insurance policy name and number \_\_\_\_\_

### EMERGENCY AUTHORIZATION:

*Believing that every precaution will be taken to ensure the safety of my son/daughter, I agree to his/her participation in the **Camp Wisconsin Summer Workshop** understanding that he/she will be the primary responsibility of the adult chaperone named above. I agree to waive all claims against the leaders of this activity and officers, agents and representatives of the **Camp Wisconsin Summer Workshop**. I authorize and give my consent to the adult leaders to obtain medical care as necessary for the health and welfare of the minor, provided under the supervision of a licensed physician or dentist, including and limited to diagnosis, anesthesia, treatment, surgery, medication, or to hospitalize or order injection for the above minor. I agree to be responsible for all costs. I authorize the adult leader to receive said custody of said minor upon completion of any treatments. I specifically instruct any treating health facility to surrender the physical custody of said minor to the adult leader. I certify that I am the parent or one of the parents, having legal custody, or the legal guardian of the minor named above.*

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship: \_parent \_legal guardian \_other (specify) \_\_\_\_\_

## Photo Release

As the parent/guardian of the aforementioned child, I/we also give permission for any pictures taken of my child during the camp to be used in future mailings or camp advertising. This will only be used for **Walsworth Yearbooks** workshop materials.

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_