

Growing Food, Growing Health, Growing Community!



Unity Gardens Youth Discovery Camp Permission, Consent, and Release of Liability Form

Camper name: _____ DOB: _____ Age: _____ Zip Code: _____

School: _____ Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Allergies: _____

Emergency Contact name & Phone: _____

Medical Information requiring attention during camp: _____

List those authorized to pick up camper: _____

(photo ID may be required)

- Medical Condition and Authorization:** I certify that the above-named participant (camper) is physically able to participate in gardening, building, and other outdoor exploration activities. I give permission for camper to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby authorize directors, staff, or volunteer counselors to act on my behalf according to their best judgement in any emergency requiring medical or surgical treatment and hospitalization in the event that I am unable to be reached.
- Release, Hold Harmless, and Indemnify:** I, for myself and my camper, hereby indemnify, release, and hold harmless Unity Gardens Inc. and its staff, counselors, and volunteers from any and all liabilities incident to campers and participants involvement up to and including injury, disability, death, or loss or damage to person or property in any and all camp activities whether arising from the negligence of releases or otherwise, to the fullest extent permitted by law.
- Expectations and Compliance with rules:** I and the above-named camper understand and agree to comply with all the Unity Gardens rules and instruction provided by staff, counselors, and volunteers. I further agree and acknowledge that any incident of non-compliance may result in participant removal from participation and camp activities.
- Publicity:** I understand and agree Unity Gardens Inc. retains the right to use, for publicity and advertising, photographs of campers and participants taken during camp and at the LaSalle Square Unity Garden. This includes photographs by visiting media in addition to social media venues.

I have read and understand the above considerations, rules and risks involved in Unity Gardens Youth discovery Day Camp. I knowingly release and hold harmless Unity Gardens Inc. and any of its staff, counselors, volunteers or affiliates from any claim for any losses, damages, negligence, or injuries arising in connection with mine or my camper's participation in camp.

I request the above-named camper be allowed to participate in the Unity Gardens Youth Discovery Garden Camp:

Signature of parent/ Guardian: _____ Date: _____

Telephone in case of emergency: _____

Other information: _____

Camp dates are June 25-29 and/ or July 16-20 from 9am to 3pm. Lunch and learn from approximately 11:30 to 1:00. Parents are encouraged to stay for camp, but may drop off if ample supervision is present. Pick up in the Unity Garden at LaSalle Square 3701 Prast Blvd under the shaded shelter at 3-3:15. In case of inclement weather or thunderstorms, pick up at Success Academy. Call or text 574-315-4361 for questions.