

**PINEWOODS CAMP, INC.
PARENT & GUARDIAN RESPONSIBILITY AND
MEDICAL CARE AUTHORIZATION FORM**

I. FOR CHILDREN ATTENDING CAMP WITH THEIR PARENT OR PARENTS:

I / we, _____, parent(s) of
_____ (child's full name) accept full responsibility for my/our child
named above while in attendance at Pinewoods Camp during TradMaD Camp I/we have read
and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all
claims, demands, causes of action, and suits for personal injury, property damage, and other
liability which may occur to my/our child named above while in attendance at Pinewoods Camp.

(Signature of Parent)

(Date)

(Signature of other Parent, if also attending)

(Date)

II. FOR CHILDREN ATTENDING CAMP WITH A GUARDIAN (fill out both sections below):

I / we, _____, parent(s) of
_____ (child's full name) accept full responsibility for my/our child
named above while in attendance at Pinewoods Camp during TradMaD Camp I/we have read
and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all
claims, demands, causes of action, and suits for personal injury, property damage, and other
liability which may occur to my/our child named above while in attendance at Pinewoods Camp.
In addition, _____ (name of guardian over the age of 24) has
permission to authorize emergency medical treatment, as necessary, for the child named above.

(Signature of Parent)

(Date)

I, _____ (name of guardian over 24), accept full responsibility
for _____ (child's full name) while in attendance at
Pinewoods Camp during TradMaD Camp. I have read and agree to comply with the Pinewoods
Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and
suits for personal injury, property damage, and other liability which may occur to the child named
above while in attendance at Pinewoods Camp.

(Signature of Guardian)

(Date)

**THIS FORM MUST BE PROVIDED TO PINEWOODS CAMP, INC. UPON OR BEFORE
ARRIVAL AT CAMP IN ORDER FOR YOUR CHILD TO ATTEND.**