

Camp Whitewater, Inc. 39246 Mill St. Winona, MN 55987

CAMP WHITEWATER, INC. CONSENT AGREEMENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby conse	ent to my child,	, participating
in Camp Whitewater youth camp operated by Camp		through
, 2019, and in activities co	nnected with this youth camp. Any med	lical conditions relevant to
my child have been noted by filling out the Confider	ntial Health Form and submitting said fo	rm at registration.
I understand that Camp Whitewater Inc. does not p		nd that any medical expenses
incurred on my child's behalf will be paid by either r	my own medical insurance or me.	
I understand that my child may be sent home for a s	serious behavior problem or for being o	ut of harmony with the spirit
of this camp that he/she is attending. Both guardian	and camper must sign the Camper Disc	ciplinary Form.
In the event an emergency occurs, I may be reached	d at the telephone listed below. If I cann	ot be reached, I hereby
authorize either the Camp Director or his direct sub	ordinate to make emergency medical de	ecisions for my child. If there
are any activities I do not want my child to be involved	ved in, I will list them on the Confidentia	l Health Form.
I UNDERSTAND AND HEREBY AGREE TO ASSUME AL	L THE RISKS WHICH MAY BE ENCOUNTE	RED DURING SAID YOUTH
CAMP, INCLUDING ACTIVITIES PRELIMINARY AND SU	JBSEQUENT THERETO. I do hereby agree	e to hold Camp Whitewater
Inc., Winona, MN, and its agents and volunteers, ha	rmless from any and all liability, actions	, causes of actions, claims,
expenses, and damages on account of injury to my of	child or property which I now have or wl	hich may arise in future
connection with the youth camp or participation in	any other associated activities.	
I expressly agree that this release, waiver, and inder	, -	•
by law of the State of Minnesota and that if any por	_	
notwithstanding, continue in full force and effect. The	_	nt between the parties
hereto and the terms of this release are contractual		
I further state the I HAVE CAREFULLY READ THE FO		
SIGN THIS RELEASE AS MY OWN FREE ACT. This is a	a legally billuling agreement that i have r	ead and understand.
Signature – parent or legal guardian only		
EMER	RGENCY INFORMATION	
Father's Cell/Work Phone ()	Mother's Cell/Work Phone (_)
Alternate: if neither can be reached: Name:	Phone # ()	