Camp 2000

Liability Release Form

Camp 2000 is a very active program. Campers should have a recent medical examination certifying that his/her physical activity needs not to be limited. Campers assume any and all risks associated with the activity including, but not limited to falls, contact with other participants, heat and humidity, and conditions of fields, all such risks being known and appreciated by me. I hereby release Camp 2000 the City of Philadelphia, Department of Recreation, all sponsors, agents, volunteers, and any one acting on their behalf for any and all claims of liability. I, _____ hereby agree to and understand the contents of this liability release. My child, _____ has permission to participate in Camp 2000 summer program.

Parent Signature: _____ Date: _____

Print Name: _____ D.O.B.:_____

Childs Name: _____ Age: _____

Camp Director: _____ Date: _____

Emergency Information: In the event of an emergency, please provide the following information.

Contact Person: _____ **Relationship to camper:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Number: _____ **Cell:** _____