

SHIP'S SLEEPOUT FOR HOMELESS YOUTH 2018 / MINOR CONSENT FORM

CAMPER NAME

CAMPER AGE

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE:

SLEEPOVER TEAM NAME:

CAMPER EMERGENCY CONTACT & PHONE:

SUPERVISING ADULT & CELL NUMBER:

We give our consent to allow the above named camper (hereinafter, "Camper") to participate in activities held in SHIP's SleepOver for Homeless Youth. We agree to assure that appropriate supervision by an adult over the age of 25 is provided for all persons under the age of 18.

The undersigned hereby release Student Homelessness Initiative Partnership (SHIP) of Frederick County, Inc., its agents, volunteers, and employees from all actions, causes of action, damages, claims or demands which any of the undersigned may have against it for the undersigned's personal injuries or property damage, known or unknown, incurred by the undersigned while participating in SHIP's SleepOver for Homeless Youth.

Any photographs, videotaping or other records of the undersigned at the SleepOver may be used to promote future events and promotions of SHIP. This includes, but is not limited to, use of the undersigned's photograph and video on SHIP-related web sites, television, brochures, newsletters or other promotional materials.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED:

SIGNED:

SIGNED:

Camper

Parent

Supervising Adult

Date

Date

Date