

UUFYS TAR HOLLOW CAMPOREE May 20, 21, 22, 2011  
RELEASE OF ALL CLAIMS AND WAIVER OF LIABILITY

The Undersigned, the parents, the parent having sole care and custody, or the guardian of \_\_\_\_\_ (name/s or Minor/s), on behalf of the Minor/s and his or her heirs, assigns, and executors of administrators, and on behalf of the Undersigned, fully release and discharge, and waive any liability against the Unitarian Universalist Fellowship of Yellow Springs and its members, from and for all rights, claims and actions from any incidents, injuries or negligence which may arise at the Annual Camporee at Tar Hollow State Park to be held on or about May 20-22, 2011.

The consideration for this Release of All Claims and Waiver of Liability is the permission of the Unitarian Universalist Fellowship of Yellow Springs for the Minor/s to attend the Annual Camporee at Tar Hollow State Park and participate in the functions planned for the event including but not limited to, camping, campfires, hiking, games, swimming, boating, canoeing, kayaking and other activities. Parents and guardians must instruct each of their children and/or minor guests on the potential hazards of each activity including that children are required to wear lifejackets at all times for all boating functions. Parents and guardians must also instruct each of their children and/or minor guests about responsible behavior during all activities.

\_\_\_\_\_

Parents, Parent having sole care/custody, or Guardian (Signatures and Printed Names)

\_\_\_\_\_

Address and Phone Number

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**MEDICAL RELEASE AND PERMISSION FOR CHILD GUEST**

The below named child(ren) has (have) my permission to attend the Tar Hollow Camporee on or about May 20-22, 2011. If my child is injured and I am unreachable, I agree to allow the representatives of the Unitarian Universalist Fellowship of Yellow Springs to seek medical treatment on my behalf for my child(ren) while at and while traveling to and from the Tar Hollow Camporee.

Minors attending Tar Hollow Camporee:  
Name \_\_\_\_\_ Age \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Parents /s, Parent having sole care/custody, or Guardian (signatures and printed names)

Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_