

# Summer Camp

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_

## Parent or Guardian Release and Indemnity Agreement

I hereby request that you accept this application for the enrollment of \_\_\_\_\_ in the Bellin College Summer Camp.

I hereby release Bellin College and all personnel and/or employees from all claims on account of any injuries which may be sustained while attending the Summer Camp; and I agree to indemnify Bellin College and its personnel and/or employees for each claim which may hereafter be presented as a result of any such injuries. I also certify that the enrollee is medically fit to participate in our programs.

It is understood that the parent/guardian will provide/be responsible for transportation to and from the Camp. Bellin College will provide transportation during the camp session. Any participant who chooses to drive themselves to the camp must give their car keys to Summer Camp personnel. Their vehicle will not be accessible during the time the camp is in session.

### Please list transportation plans (select one option).

- The student will be driving themselves to and from camp and will keep the vehicle on campus. (Must provide license plate#: State: \_\_\_\_\_ # \_\_\_\_\_)
- The student will be driven to camp and picked up at Bellin College.
- The student will use alternate transportation, such as airline, cab, Uber. (Describe alternate transportation and/or attach information on separate page.)
- Other, such as friend dropping off. (Please describe.)

---

### Emergency Contact #1

---

|                                   |              |
|-----------------------------------|--------------|
| Parent or Guardian Name (printed) | Relationship |
|-----------------------------------|--------------|

---

Home address, city, state zip

---

|                   |                   |
|-------------------|-------------------|
| Daytime Telephone | Evening Telephone |
|-------------------|-------------------|

### Emergency Contact #2

---

|                                  |              |
|----------------------------------|--------------|
| Relative/Other Responsible Party | Relationship |
|----------------------------------|--------------|

---

|                   |                   |
|-------------------|-------------------|
| Daytime Telephone | Evening Telephone |
|-------------------|-------------------|

---

|                           |      |
|---------------------------|------|
| Parent/Guardian signature | Date |
|---------------------------|------|

