

## Parental / Guardian Consent for Participation in X-Camp

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ E-mail \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Coverage and Policy Number \_\_\_\_\_

Allergies / Disabilities (Include medications and doses) \_\_\_\_\_

I give my child, \_\_\_\_\_, permission to participate in the X-Camp summer experience, held at Iron Space/ Iron Works Church located at 400 Franklin Ave. Phoenixville, Pa 19460.

I, \_\_\_\_\_, hereby grant permission for my child to be included in evaluation and photographs connected to X- Camp program. (Please Sign)

This camp will include trips intended to create community, friendship bonds, leadership amongst our fellow X-Campers in a safe, fun, healthy, and happy way. X-Camp will participate in field trips outside of our normal meeting location. Please note a separate information and consent form will be sent to obtain permission for any field or recreational trips.

Please initial \_\_\_\_\_

My signature below indicates that I give permission for the X-Camp and its staff to obtain emergency medical care, administer minor first aid procedures, take my child on walks and trips associated with X-Camp, and provide activities and facilities including the outdoor grounds of Iron Works space and other miscellaneous spaces/trips.

I agree, in consideration of my child's use with X-Camp programs and facilities, to indemnify and hold harmless the X-Camp, Iron Works Church, Franklin Commons, it's branches, agents, and employees from and against all claims, losses, and expenses. These include, but are not limited to, death, bodily injury, personal injury, emotional harm, or property damage arising out of or connected with my child's participation in the X-Camp and it's premises; provided that I shall not be obligated to indemnify the X-Camp hereunder for any claim resulting from the deliberate acts or due to the sole negligence of the X-Camp or its employees. Intending to be legally bound, the undersigned have placed their signatures:

Parent/Guardian Printed Name

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

