

Camp Whitewater, Inc. 28483 County Rd 12 Winona, MN 55987

CAMP WHITEWATER, INC. CONSENT AGREEMENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to m	y child,	, participating
in Camp Whitewater youth camp operated by Camp Whitew	water Inc. from	through
, 2024, and in activities connected	d with this youth camp. Any medical condit	tions relevant to
my child have been noted by filling out the Confidential Hea	alth Form and submitting said form at regis	stration.
I understand that Camp Whitewater Inc. does not provide r	nedical insurance for my child and that an	y medical expenses
incurred on my child's behalf will be paid by either my own	medical insurance or me.	
I understand that my child may be sent home for a serious		•
of this camp that he/she is sending. Both guardian and cam	per must sign the Camper Disciplinary For	m.
In the event an emergency occurs, I may be reached at the	-	-
authorize either the Camp Director or his direct subordinate		•
are any activities I do not want my child to be involved in, I	will list them on the Confidential Health Fo	Jim.
I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RI	ISKS WHICH MAY BE ENCOUNTERED DURI	NG SAID VOLITH
CAMP, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQU		
Inc., Winona, MN, and its agents and volunteers, harmless		•
expenses, and damages on account of injury to my child or		
connection with the youth camp or participation in any oth		
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I expressly agree that this release, waiver, and indemnity ag	greement is intended to be broad and inclu	usive as permitted
by law of the State of Minnesota and that if any portion the	ereof is held invalid, it is agreed that the b	alance shall,
notwithstanding, continue in full force and effect. This release contains the entire agreement between the parties		
hereto and the terms of this release are contractual and not a mere recital.		
I further state that I HAVE CAREFULLY READ THE FOREGOIN	NG RELEASE AND KNOW THE CONTENTS T	HEREOF AND I
\pmb{SIGN} THIS RELEASE AS MY OWN FREE ACT. This is a legally	binding agreement that I have read and ur	nderstand.
Signature – parent or legal guardian only	Date	
EMERGENCY INFORMATION		
Father's Cell/Work Phone ()N	Mathar's Call (Mark Phana (
ratilet's Cell/ Work Pilotte ()t	violitier's Celly Work Phone ()	
Alternate - if neither of the above can be reached		
Name: P	Phone # ()	