

**PINEWOODS CAMP, INC.**  
**PARENT & GUARDIAN RESPONSIBILITY AND**  
**MEDICAL CARE AUTHORIZATION FORM**

**I. FOR CHILDREN ATTENDING CAMP WITH THEIR PARENT OR PARENTS:**

I / we, \_\_\_\_\_, parent(s) of \_\_\_\_\_ (child's full name) accept full responsibility for my/our child named above while in attendance at Pinewoods Camp during \_\_\_\_\_ (name of session). I/we have read and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to my/our child named above while in attendance at Pinewoods Camp.

\_\_\_\_\_  
(Signature of Parent) (Date)

\_\_\_\_\_  
(Signature of other Parent, if also attending) (Date)

**II. FOR CHILDREN ATTENDING CAMP WITH A GUARDIAN (fill out both sections below):**

I / we, \_\_\_\_\_, parent(s) of \_\_\_\_\_ (child's full name) accept full responsibility for my/our child named above while in attendance at Pinewoods Camp during \_\_\_\_\_ (name of session). I/we have read and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to my/our child named above while in attendance at Pinewoods Camp. In addition, \_\_\_\_\_ (name of guardian over the age of 24) has permission to authorize emergency medical treatment, as necessary, for the child named above.

\_\_\_\_\_  
(Signature of Parent) (Date)

I, \_\_\_\_\_ (name of guardian over 24), accept full responsibility for \_\_\_\_\_ (child's full name) while in attendance at Pinewoods Camp during \_\_\_\_\_ (name of session). I have read and agree to comply with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to the child named above while in attendance at Pinewoods Camp.

\_\_\_\_\_  
(Signature of Guardian) (Date)