

**PSP Troop M Camp Cadet**  
**Parental Permission and Responsibility and Waiver of Liability**

I/we understand that PSP Troop M Camp Cadet has accepted, \_\_\_\_\_ to attend camp at Camp Fowler in Orefield, Pennsylvania, from **June 9, 2024**, through **June 14, 2024** (hereinafter referred to as “camp”). By signing this document, I/we, the parent(s) or legal guardian(s) of \_\_\_\_\_ (hereinafter referred to as “child”), consent to my child’s participation in this unique camping program.

I/we hereby waive any claim against PSP Troop M Camp Cadet, its staff, agents and counsellors, the Commonwealth of Pennsylvania, Camp Fowler, Valley Youth House, the Pennsylvania State Police, and other campers for any damages or injury, to my child’s person or property while engaged in activities at camp and using the facilities owned by Camp Fowler / Valley Youth House.

The camp nurse, trained personnel, emergency personnel, physician or local hospital have my permission to treat the above-named child in the event of an emergency or need for urgent care. In the event of an emergency or need for urgent care, I/we may be reached at the following telephone numbers:

Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

I/we have supplied camp staff with any alternate emergency numbers available.

In the event medical treatment or care is needed by my child, I/we agree to be responsible for the payment of all charges of said treatment or care. I/we further agree to provide insurance information to PSP Troop M Camp Cadet to secure payment. In the event that the insurance is rejected or I/we are without insurance for my child, I/we agree to be responsible for the payment of said treatment or care. In the event that PSP Troop M Camp Cadet, its counselors, directors, staff or administrators are billed/charged for the treatment or care of my child, I/we agree to assume sole responsibility for payment of said bill/charge. I/we further agree to indemnify and hold harmless PSP Troop M Camp Cadet, its counselors, directors, staff or administrators for said bill/charge.

I understand and acknowledge Camp Cadet cannot prevent my child from becoming exposed to, contracting, or spreading COVID-19 while attending Camp Cadet or being on its premises. It is not possible to prevent against the presence of the disease. Therefore, if I choose to utilize Camp Cadet’s services, and/or enter onto Camp Cadet’s premises I may be exposing myself to and/or increasing my risk of contracting or spreading COVID-19.

I/we are familiar with and in agreement with the rules and policies of the camp and am eager for my child to be governed by them. I/we will talk with my child prior to camp and encourage him/her to take part in all activities and to cooperate with camp staff at all times.

I/we also understand that, if my child’s behavior violates any of the camp rules or intimidates any other camper, administrator or counselor, then camp counselors have the right to enforce camp policies or dismiss my child from the program within the counselors’ discretion. It would then be my responsibility to provide prompt transportation from the camp for my child.

If my child's behavior results in any intentional damage to the facility, I/we will be responsible and will pay for said damages.

**CHOICE OF LAW:** I/we understand and agree that the law of the Commonwealth of Pennsylvania will apply in the interpretation and enforcement of the contract.

**I/WE HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

On my/our behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Camp Cadet, its employees, volunteers, agents, and representatives, of and from all claims, including liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I/we understand and agree that this release includes any claims based on the actions, omissions or negligence of Camp Cadet, its employees, volunteers, agents, and representatives. I/we agree to hold harmless, defend and indemnify Camp Cadet, its employees, volunteers, agents and representatives, (that is, defend and pay any judgment and costs, including investigation costs, attorney fees and related expenses,) from any and all claims arising from my child 's injuries or loss while participating as a camper at Camp Cadet.

Intending to be legally bound on behalf of myself, my child, both of my child's parents and having read and understood the information above, I/we execute this agreement:

**Parent/Guardian**

\_\_\_\_\_

NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

HOME PHONE

\_\_\_\_\_

CELL PHONE

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

**Parent/Guardian**

\_\_\_\_\_

NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

HOME PHONE

\_\_\_\_\_

CELL PHONE

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE