



CLAY FIRE

18355 Auten Road • South Bend, IN 46637 Telephone: (574) 272-2144
Fax: (574) 272-4043
Internet: www.clayfd.com

Consent to Treatment Limitation & Waiver Liability

In consideration of my child's acceptance in the Clay Fire Territory Summer Camp, I individually and on behalf of my minor child, do hereby release and forever discharge the Clay Fire Territory and its employees from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense which arises out of, occurs during, or relates in any manner to my child's participation in the aforementioned camp or any travel incident thereto. In the event of an accident or injury (including death) illness or other damage sustained by my child while traveling to or from, or during his or her attendance at the Clay Fire Territory Summer Camp, I understand and hereby acknowledge that my only remedy and my child's only policy covering participants in the camp is their own. I hereby grant permission to the Clay Fire Territory and any other medical provider or surgical consultant deemed advisable by Clay Fire Territory and any hospital or similar facility to tender the below named camper any medical, surgical, or other treatment they deem necessary. I understand that the Clay Fire Territory will exercise its best effort to inform me in the case that treatment is needed. I individually and on behalf of my child and our respective heirs, successors, personal representatives, and assignees hereby release and forever discharge the Clay Fire Territory and its officers employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense which arises or relates to my child's participation in the Clay Fire Territory Summer Camp.

Camper's Name Printed: _____

Parent / Guardian Name Printed: _____

Parent/ Guardian Signature: _____

Date: _____

Home Phone #: _____

Emergency Phone#: _____

