



Barry Conservation 4-H Camp Family Agreement

Camper's Name _____

Session(s) _____

In signing this Agreement:

I have read the Family Information Guide and I understand and agree to comply with all the policies stated therein.

I hereby certify that the camper enrolled is in good health and subject to ordinary camp guidelines.

I agree to pay all camps fees and submit all required paperwork, complete and accurate, prior to the beginning of my child's session. I understand that the Health/Medical Form MUST have a physician's signature.

I authorize Barry Conservation 4-H Camp to have and use any photographs, slides and video of the enrolled camper (and family members dropping off & picking up) as is necessary for camp records and public relations.

I understand my camper will be participating in a variety of camp activities and programs, including out-of-camp trips using camp transportation and/or hiking, and that competent leadership and supervision will be provided. Activities and general information about my camper's participation in camp programs is outlined in the Family Information Guide.

We, my camper and I, understand the responsibilities, hazards, and dangers inherent in participation in Barry Conservation 4-H Camp programs and activities and in any travel arrangements, and permission is hereby granted for my child to participate. We agree for ourselves and our heirs, to assume the risks and responsibilities of camper's participation, and to release and hold harmless the Barry Conservation 4-H Camp, the University of New Hampshire, its trustees, officers, agents, volunteers, and employees, from and against all claim, demands, actions, and causes of actions for damages which may be sustained or incurred due to personal injury, death, or property damage which may be sustained by my camper and arising from her/his participation in camp activities, whether or not the result of negligent acts or omissions. We further agree to defend, indemnify, and hold harmless the University of New Hampshire, its trustees, officers, agents, and employees, in the event that, due to my camper's participation in camp activities, anyone else sustains personal injury, property damage, or death. In the event that my camper's participation in the activity causes damage to the property of the University of New Hampshire, we further agree to indemnify the University for such loss.

I agree to allow Barry Conservation 4-H Camp to act on my behalf in seeking routine or emergency medical care for my camper, if needed while he/she is at camp. I authorize the emergency contacts listed on the Camper Application & Camper Health Form to act on my behalf, should I not be readily available by phone.

I understand that Barry Conservation 4-H Camp provides Accidental and Illness Insurance for all campers, supplemental to the camper's primary insurance, for accidents and illnesses occurring while at camp. Conditions existing prior to the camper's arrival at camp are not covered. I agree to pay any medical expenses arising from the accident or illness in excess of policy limits or for illness or accidents not covered by Barry Conservation 4-H Camp's Insurance plan.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Camper's Signature _____ Date _____