



Permission Slip Liability Release Photo Release

Camp Discovery at His Acres, Inc. • 208 Claude Bundrick Rd. • Blythewood, SC 29016
Donna E. Johnson, CTRS - President (803) 754-2008

PRINT PLEASE

Name of Parent / Legal Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone(s): _____
Name of child / youth coming on field trip: _____ Birth Date: _____
School / Program: _____ Date of trip: _____ Rain Day: _____

I agree to allow my child / youth to participate in recreation therapy and/or service activities at Camp Discovery. I will not hold Camp Discovery liable for any injury that may occur on the grounds of the camp or in activities associated with my child's visit to the facility. I agree to pay for any and all expenses (including but not limited to any medical expenses) that might relate to my child's care and treatment.

Health and/or medical information may be supplied to Camp Discovery's certified recreation therapist on an as needed basis by the school nurse, teacher or person familiar with the child's individual needs. This information will be considered in planning age and ability appropriate experiences for each group.

If your child is receiving a camp scholarship, some grants require that the names & addresses of those receiving the scholarships be provided to them. (If you are paying the full cost for your child, this does not apply.)

Boy Scouts must have "Totin Chip" to be allowed to handle a hatchet or pocket knife and will be under the supervision of the Scout Master. Scouts will be around campfires and possibly creeks etc. Please describe any special guidelines you would like provided for your child.

Media Consent: Photos of activities are taken during outings which are shared with those attending and/or those who pay for a child's partial or full scholarship. Some photos may be printed in the camp newsletter or included on the camp website. If you would like to place conditions on your child's photos or have your child removed from groups where photos are taken, please indicate your wishes in the "Comments" space.

My child has permission to be photographed and to receive photos from the day's activities.

Check One: Yes No

Comments / Conditions: _____

Precautions: If your child has any type of limitation / medical / behavior precautions / judgement concerns / allergies (hayrides are sometimes on the activity menu) which would affect his/her full participation in typical age appropriate activities, please describe. (If more space is needed, please use back of form.)

Parent / Legal Guardian Signature: _____ **Date:** _____