



Rounton Farm Summer Camps Insurance Waiver

I/We the undersigned hereby certify that I/We am (are) the parent(s) or legal guardian(s) of the camp participant. I/We hereby give permission for the camp staff to seek appropriate medical attention for the camp participant and for the camp participant to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess-medical coverage policy. I/We, the undersigned waive and release Rounton Farm Summer Camps, Rounton Farm LLC and its staff and employees, of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in camp activities or while at camp, whether or not damages, injury or loss is due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in camp activities.

Parent/Guardian Signature: _____

Date: _____