



Phone: 217-779-2019
 www.campcallahan.com
 P.O. Box 5253
 Quincy, Illinois
 62305-5253

Callahan INC.

CAMP CALLAHAN CONSENT FORM

Part 1
 I am my own guardian. YES NO **Please sign below**

Part 2
 I, _____, do hereby state that I am the legal guardian of _____, an individual in the application phase or currently enrolled in the Camp Callahan program. As such, I give my permission for the Callahan Camp Director, or the Camp Medical Officer Designee to:

- 1) Seek additional written documentation, if necessary, on this individual.
- 2) Share verbal information with camp staff members, the designated camp medical personnel, and the camp director if this information is deemed necessary for health and well bring.
- 3) Authorize medical treatment, based on the camp health officer's recommendation (parents and guardians will be notified as soon as possible).
- 4) May we use pictures of this camper in our brochure, on social media, or for advertising?
 YES NO

 Signature

 Date

Camp Callahan Participant Waiver Form

_____ will be attending Camp Callahan. It is an active and outdoor camp, so there is always a risk of injuries, illness, or problems related to being active in the outdoors. At the same time, the entire staff works to keep campers safe and comfortable.

I understand that participation in camping activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child/charge to participate in these activities. I also understand that participation in these activities is entirely voluntary and requires that all participants abide by the rules and standards of conduct set down by the directors and employees of Camp Callahan. I release Camp Callahan and all employees, volunteers, related parties, or other organizations associated with these activities from any and all claims or liability arising out of this participation.

 Participant's Signature (if his own guardian)

 Parent, Guardian, or Caregiver Signature
 (if camper is not his own guardian)

 Date

Camp Callahan Zip Line Riding Waiver

 (name) has my permission to ride the zip line at Camp Callahan YES NO

Signature: _____ DATE _____

PARENT/GUARDIAN SIGNATURE NEEDED: