

Grandparent's Camp at RHHT Foundation Registration Form

Child's Name: _____ Age: _____ Gender _____

Adult's Name: _____

Relationship to Child: _____

Address: _____

Email: _____ Phone: _____

Allergies or other Medical Condition: _____

Liability Waiver:

1. I agree to observe and obey all posted rules and warnings and to follow any oral instructions given by volunteers or representatives of the RHHT Foundation. I will accept responsibility for ensuring that the child in my party similarly observes and obeys all rules, warnings, and instructions that are provided during this camp.

2. I recognize that there are inherent risks associated with this program and assume responsibility for personal injury to myself and the child in my charge. I release and discharge the RHHT foundation for any injury, loss or damage arising out of our participation in this program.

Signature: _____ Date: _____