



Camp Howe
P.O. Box 326
Goshen, MA 01032
office@camphowe.com
www.camphowe.com
413-268-7635

Camper Name: _____ Session: _____

Parent/ Guardian Agreement and Signature: Please read carefully and sign where indicated below:

If my child attends Camp Howe I agree to:

- Allow my child to participate in all Camp activities including but not limited to athletic games, swimming, hiking, team-building activities, canoeing, special events, outdoor camping, and ropes course activities.
- Send necessary medication (if my child requires medication).
- Notify the camp of any changes in my address or phone during the camp session so that I can be reached in an emergency.
- Authorize social service agencies, schools, clinics, or doctors to release information, which the camp director feels necessary to best plan for my child at camp.
- Read the parent handbook and discuss with my child any policies/ rules therein and support the camp in following these rules.

I also agree:

- That Camp Howe will observe all reasonable precautions in providing for the care and protection of my child. By signing this form, I hereby release and hold harmless Camp Howe, its directors, officers, employees, agents, and representatives from any and all damages, claims, injuries, and liabilities of whatever kind, including but not limited to claims for bodily injury or loss or damage to personal property, which may arise out of my child's attendance at camp and out of his/her participation in any activities while in attendance.

I give my permission for Camp Howe to:

- Have and use photographs, slides, videotapes or other media my child, participating in camp activities, for its records, public relations (i.e., brochures, website, newsletters, and presentations) or promotion of camp. The name of a child will not accompany any camper without prior permission from the parent/ guardian. These photo's may be used by outside agencies, such as the American Camp Association, to illustrate and promote the camp experience, Camp Howe and its camp programs, and/or the American Camp Association. You may refuse permission by crossing out the above sentence.
- Conduct a search of personal belongings if there is reasonable suspicion that the participant has something in his/her possession that is prohibited (eg: drugs, alcohol, weapons)
- Take my camper on out of camp trips (eg: to surrounding state park, local camps for Olympic day etc). You may refuse permission by crossing out the above sentence.

I understand:

- If my child comes to camp without necessary medication in original containers, he/she will be sent home.
- There is inherent risk involved in the outdoor and active Camp program that my child will participate in at Camp Howe.
- Camp Howe has the right to send a camper home who displays a preexisting medical or behavior condition not disclosed prior to the start of camp
- Camp Howe reserves the right to make the determination when or if it may be necessary to have a child withdrawn from the program and to withhold all fees should withdrawal be for purposes of maintaining the welfare or safety of the child or other program participants.
- If the Camp determines that my child needs to be returned home for any reason, I agree to provide transportation as soon as it is needed.
- I will be available for the duration of my child's stay at camp in case there is an emergency for which I need to be reached.

For Parents of Teen Campers:

The Teen program at Camp Howe is designed to promote growth and social responsibility in a group. Teen campers will have the opportunity to partake in adventure sports on site – archery, low and high ropes course and the climbing wall. In addition to this, we take the teens on day trips off site to partake in Skeet Shooting, overnight camping, tubing and rock climbing at least once during their stay here. Only campers that demonstrate a respect for safety and following rules and instructions will be able to partake due to the nature of the activities.

- **I give permission for my teen camper to partake in these activities.**

Parent/Guardian Signature: _____ Date: _____