## PINEWOODS CAMP, INC. PARENT & GUARDIAN RESPONSIBILITY AND MEDICAL CARE AUTHORIZATION FORM

| I.   | FOR CHILDREN ATTENDING CAMP WITH THEIR PARENT OR PARENTS:   |  |                         |
|--|---|--|-------------------------|
|  | I / we,   | , parent(s) of   | (child's full name)     |
|  | accept full responsibility for my/our child named above while in attendance at Pinewoods Camp during                  |  |                         |
| Folk Arts Center's 2016 June Pinewoods International Dance and Music Session(s). I/we have read and with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of a |   |  | ad and agree to comply  |
|  |   |  | es of action, and suits |
|  | for personal injury, property damage, and o   | ther liability which may occur to my/our child named a | bove while in           |
|  | attendance at Pinewoods Camp.   |  |                         |
|  | (Signature of Parent)   | (Date)   |                         |
|  | (Signature of other Parent, if also attending)  | (Date)   |                         |
|  |   |  |                         |
| II.  | FOR CHILDREN ATTENDING CAMP WITH A GUARDIAN (fill out both sections below):   |  |                         |
|  | I / we,   | , parent(s) of   | (child's full name)     |
|  | accept full responsibility for my/our child named above while in attendance at Pinewoods Camp during                  |  |                         |
|  | Folk Arts Center's 2016 June Pinewoods International Dance and Music Session(s). I/we have read and agree to comply   |  |                         |
|  | with the Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits  |  |                         |
|  | for personal injury, property damage, and other liability which may occur to my/our child named above while in        |  |                         |
|  | attendance at Pinewoods Camp. In addition, (name of guardian over the age of  |  |                         |
|  | 24) has permission to authorize emergency medical treatment, as necessary, for the child named above.                 |  |                         |
|  | (Signature of Parent)   | (Date)   |                         |
|  | Ι,  | (name of guardian over 24), accept full responsibility | y for                   |
|  |   | (child's full name) while in attendance at Pinewood    | ds Camp during          |
|  | Folk Arts Center's 2016 June Pinewoods International Dance and Music Session(s). I have read and agree to comply with |  |                         |
|  | he Pinewoods Camp, Inc. Rules for Campers under 18, and waive all claims, demands, causes of action, and suits for    |  |                         |
|  | personal injury, property damage, and other liability which may occur to the child named above while in attendance at |  |                         |
|  | Pinewoods Camp.   |  |                         |
|  | (G: C C 1' )  | (D.4.)   |                         |
|  | (Signature of Guardian)   | (Date)   |                         |