

PERMISSIONS/AUTHORIZATIONS



Camper Name (print only): _____

Program (circle one): KODA Children KODA Youth KODA Teen Deaf Camp

Parent or Guardian Name (print only): _____

REQUIRED:

OFF-SITE SWIMMING: Camp Mark 7 campers will take off-site trips that include swimming during each session. New York State (NYS) requires us to inform you that your child may go on a day trip or overnight trip that will involve swimming in a lake or stream that has not been inspected by the NYS Health Department. The location may be remote or inaccessible to allow for prompt transfer to an emergency medical health care facility.

Each of these swimming areas is chosen and inspected by our trip leaders and lifeguards. These swimming areas meet written safety specifications for water clarity, current, bottom slope and natural hazards. Each off-site swim area will be supervised by a lifeguard and will follow the traditional safety rules and additional rules that are required by the natural settings of the swimming areas. Most of the off-site swim is done at locations that we have used for many years. Your declaration will be kept for up to nine months for inspection by the NYS Health Department.

Wilderness Swimming Declaration

I/we understand that my child may be swimming in areas that have not been inspected by the NYS Health Department, but have been approved for swimming by the lifeguards and trip leaders who work for CM7.

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY: To the best of my knowledge, my child's health history is correct. My child may engage in all camp activities (except where noted by the licensed health provider or me). In the event of minor discomforts and/or illness, I authorize CM7 to provide medications to my children following the specific orders and guidelines of the camp's licensed health provider. In case of an emergency, I authorize the Camp Director/Camp Licensed Health Provider to act for me/my child according to the best judgment where medical or surgical treatment is required. I accept responsibility for all medical bills resulting from any illness or injury that is not covered by our insurance.

Parent/Guardian Signature: _____ Date: _____

LOST/STOLEN ITEMS: I understand that CM7 is not responsible for any lost or stolen items. Please make sure all personal items have your child's name on it.

Parent/Guardian Signature: _____ Date: _____

OPTIONAL:

PHOTO/VIDEO: I understand that that at various times throughout the camping session, Camp Mark 7 photographers and videographers will be taking photographs and videos of ongoing events and activities and my child will likely be included in these photographs and videos. I hereby consent to such filming and I authorize CM7 to take and reproduce and disseminate photos and/or videos of my child for its own purposes. I further understand that these photographic and video graphic materials are solely owned by Camp Mark 7 and will be used for its various purposes, including, but not limited to use for promotional or informational purposes and in media such as the CM7 website, CM7's social media, CM7's newsletters, CM7's brochures, CM7 and related Facebook pages, YouTube videos, and/or CM7 DVDs and that all decisions regarding such use and such media are at the sole discretion of Camp Mark 7. However, no such materials will be sold to others for commercial purposes.

Parent/Guardian Signature: _____ Date: _____