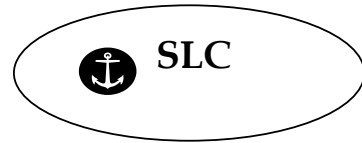


# Participation Agreement and Waiver Form



## Medical Information

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Group Number (if applicable)

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Company Phone Number

Any pertinent health information, allergies, medications, etc. (attach additional information as necessary):

\_\_\_\_\_

I, the [father, mother, guardian] (**circle one**) of the boy named on the reverse side of this form, hereby delegate authority to the Directors of the Sebago Leadership Camp (SLC) to arrange whatever medical treatment they deem necessary for him during his stay at the camp.

## Photo Release

Also, I hereby authorize and consent to the use and reproduction by SLC staff or an authorized agent or assignee of any and all photographs taken of my son for the purpose of promoting SLC without any compensation to me. All film, together with any prints, shall constitute property of SLC, solely and completely.

## Hold Harmless

I hereby give permission for our son to participate in all activities conducted by SLC. We agree to hold the directors and staff harmless from any liability to anyone on account of any injuries to our son. I understand that SLC cannot be responsible for lost or broken items.

I understand my son will comply with all cabin policies and procedures. I also understand, and will comply with, all cancellation policies and procedures.

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date