

Troop N Camp Cadet
Parental Permission and Responsibility

I/we understand that Troop N Camp Cadet has accepted my child to attend camp at the Penn State Hazleton Campus during the week of **July 12, 2020** through **July 17, 2020** (hereinafter referred to as "camp"). By signing this document I/we agree to assume all risks arising out of his or her participation in this camp. I/we the parent(s) or legal guardian (s) of _____ (hereinafter referred to as "child"), consent to my child's participation in this unique camping program and assume all risks and all claims for damages or any nature, which my child could receive by reason of accident or injury while attending this camp.

I/we hereby waive any claim against Troop N Camp Cadet, the Commonwealth of Pennsylvania, the Pennsylvania State Police, and/or their insurance carriers for any damages or injury, real or personal, sustained while engaged in activities while attending camp and using the facilities owned by the Penn State Hazleton Campus.

The camp nurse, physician or local hospital has my permission to treat the above named child in the event of an emergency. In the event of an emergency, I may be reached at the following telephone numbers:

Home: () _____ ; Work: () _____ Cell: () _____

I have supplied camp staff with alternate emergency numbers if I cannot be contacted.

In the event medical treatment or care is needed by my child, I/we agree to be responsible for the payment of said treatment or care. I/we further agree to provide insurance information to Troop N Camp Cadet to secure payment. In the event that the insurance is rejected or I/we are without insurance for my child, I/we agree to be responsible for the payment of said treatment or care. In the event that Troop N Camp Cadet, its counselors, directors, staff or administrators are billed/charged for the treatment or care of my child, I/we agree to assume responsibility for payment of said bill/charge. I/we further agree to indemnify and/or hold harmless Troop N Camp Cadet, its counselors, directors, staff or administrators for said bill/charge.

I/we are in agreement with the rules and policies of the camp and are anxious for my child to be influenced by them. I/we will talk with my child prior to camp and encourage him/her to take part in all activities and to cooperate with camp staff at all times.

I/we also understand that if my child's behavior violates any of the camp rules or intimidates any other camper, administrator or counselor, camp staff has the right to discipline or dismiss by child from the program at their discretion. It would then be my responsibility to provide prompt transportation from the camp for my child.

I/we understand that in the event that a facility key is taken home or lost by my child, I/we will be responsible for a re-keying fee of \$150. In addition, if my child's behavior results in any intentional damage to the facility, I/we would be responsible to pay for said damages.

Having read and understood the information above, I/we acknowledge our intention to be bound by this agreement:

Parent/Guardian

Parent/Guardian

Name

Name

Address

Address

Home Phone

Home Phone

Work Phone

Work Phone

Signature

Signature

Date

Date

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :

: ss

COUNTY OF :

On this, the _____ day of _____, 2020 before me, A Notary Public, the undersigned officer, personally appeared _____ and _____, known to me (or satisfactorily proven) to be person (s) whose name (s) is/are subscribed to the within Parental Permission and Responsibility, and acknowledge that he/she executed the same for the purposes therein contained.

IN THE WITNESS WHEREOF, I hereunto set my hand and official Seal.

Notary Public
My Commission Expires: