

Permission / Consent Form

I hereby waive all claims that I might have against Camp Indy, their agents, and employees, for injury, accident, illness, or death occurring during or by any reason of the above described activity. (I) (We) (Parents) (Guardians) of the above the named child do hereby authorize agents for the undersigned to consent x-ray exam, anesthesia, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice. Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care begin required, but is given in advance to provide authority and power on part of the foretasted agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. I understand that my child may be transported by bus, van, or automobile off property as part of the program activities and herby give permission for my child's transportation and activity off of Camp Indy campus. I also waive photographic right of the camper for any Camp Indy advertisement brochure or news realest.

Acknowledgement of Financial Responsibility

I understand that once my child attend Camp Indy I am fully responsible for the entire camp fee. Camp deposits are non-refundable, but may be transferred to an additional camp week. I also understand that all camp fees must be paid prior to the start of each camp or my child will not be allowed to attend. A \$25.00 late fee will be assessed for all unpaid balances after two weeks. Every thirty days that an unpaid balance is past due, an additional \$25.00 late fee will occur.