

**Camp Constitution Weekend Family Camp Application and Retreat Release Form**

In consideration for me to attend Camp Constitution’s Weekend Camp from Friday September 29 to October 1, 2023 at the Camp Sentinel Tuftonboro, NH I \_\_\_\_\_ personally assume responsibility for my actions and those of the other persons named below and agree to release Camp Constitution, and Singing Hills, its Trustees, and agents from loss, injury or damage to ourselves or our property; provided that nothing contained herein shall excuse Camp Constitution and Singing Hills, , its Trustees, or agents from responsibility to act with reasonable care for the safety of ourselves or our property.


I give permission to Camp Constitution to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray exam, or hospital, E.R. as might be ordered by the physician chosen by the director, and release Camp Constitution and Singing Hills, its trustees, employees, and volunteers from any liability for any first aid rendered or treatment performed pursuant to this consent.

I am responsible for the following participants:

No.	❖Names of Attendees	Birth Date	★Instructions (Medicines, Allergies, Medical Condition etc)
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
❖ Please List Names of All Attendees In Your Group:			

★ Please List Any and All Medicines, Medical Conditions, Allergies or Special Food Requirements etc. Check None if applicable. Attach additional details as needed. Use an additional copy of this form for larger numbers. Sign all copies.

6. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of Attendee	Date
	
Print Address:	

Date

Cost per person is \$150. Payments can be made via check or PayPay. Checks payable to Camp Constitution and mailed to Hal Shurtleff 146 Powder Mill Rd. Alton, NH 03809. Our PayPal account can ber accessed via our website's homepage [www.campconstutution.net](http://www.campconstutution.net)