## PARENT/GUARDIAN AUTHORIZATION, RELEASE & INDEMNITY WAIVER TO MIDDLESEX COUNTY CAMP FOUNDATION, INC. (the "Camp")

Camper Name:	("Camper" or "Participant")
, , , , , , , , , , , , , , , , , , ,	low. No Camper will be allowed to participate in the peen signed. This form must be signed in the presence ink you for your cooperation.
presented to the Camp is correct to the best of m	er named above. The health history of the Camper ny knowledge and the Camper described on his or her ngage in any or all of the activities sponsored by the the following:
Low Ropes Course Climbing Wall	Zip Line "Barnville"
hereby agree to assume such risks on behalf of satherisk of personal injuries to the Participant activities and the use of any equipment in conneany personal injury or damage to property arising facilities at the Camp regardless of the cause, can The undersigned as parent and/or legal guardian and covenants to hold harmless the Camp and all claims, causes of action, damages, costs, loss the Camper or third party may have suffered connection with Participant's use of the Camp regardless of the cause or contributory causes of	risk of physical injury and damage to property and laid Participant and all consequences thereof, including resulting from participating in any or all of these ection therewith, and agree to be fully responsible for gout of or in connection with the Camper's use of the uses or contributing causes of such injury or damage, of the Camper, a minor, hereby releases, discharges, I staff, employees, officers and directors from any and and expenses (including reasonable legal fees), which or incurred, which in any way arises out of or in property or participation in any activities thereoff such injury or damage. Said release, discharge and on whether arising or prosecuted before or after said ority.
the Participant and/or my heirs, administrators a implead in any action) said Camp, or any staff n any proceedings for damages or injury to the pro-	ally) for myself, individually, and as legal guardian of and executors not to sue in any name or capacity (or nember, employee, officer or director of said Camp in operty or person of the Participant or to myself arising cipation in the activities outlined above at the Campuses of such an injury or damage.
Witness:	Date:
	Parent/Legal Guardian Signature