

Camper's Name(s) _____

If you have not updated your camper's insurance information on our database in the last 12 months, please fill out this section. If you've already completed this online, please skip to the "General Waiver" section below.

Name of Insured: _____ D.O.B. of Insured: _____

Policy #: _____ Group #: _____

Camper's Social Security #: _____

General Waiver

Parent/Guardian Authorizations: I have read and understand the Camp Winnamocka Inc. literature and application for enrollment of my child. I approve of the conditions set, and give my child permission to engage fully in the activities of the Camp. I understand that activities are added each year and all are not listed on this form, however I give my child permission to engage fully in these camp activities.

The online health history for my child is correct and complete as far as I know. I hereby give permission to Camp Winnamocka to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Winnamocka Inc. to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization for the person(s) named on this form. This completed form may be photocopied for trips out of camp. As parent and/or guardian, I hereby agree in the event of any lawsuit or legal action by minor, his estate or agents, that parent or guardian will hold harmless and indemnify Camp Winnamocka Inc. and its employees including but not limited to costs and attorney's fees. I also give Camp Winnamocka permission to use photos taken of my child at camp for camp publications.

Signature of
Parent/Guardian: _____

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Camp Winnamocka Inc. programs or accessing Camp Winnamocka Inc. facilities could increase the risk of contracting COVID-19. Camp Winnamocka Inc. in no way warrants that COVID-19 infection will not occur through participation in Camp Winnamocka Inc. programs or accessing Camp Winnamocka Inc. facilities.

Signature of
Parent/Guardian: _____

Cell Phone/Vaping Waiver

WE HAVE A NO CELL PHONE AND NO VAPING POLICY AT CAMP WINNAMOCKA. For many reasons we are pro-active about implementing this policy.

My camper will NOT have a cell phone OR a vaping device while attending Camp Winnamocka. Agreeing to this waiver, I understand that if a Director, Counselor, or Staff member finds a cell phone/vaping device on my camper's person or luggage, at any time, it can result in immediate dismissal.

Signature of
Parent/Guardian: _____