

Summer Camp Shuttle Waiver Form

Camper Information

Camper Name

Age

Parent/Guardian Name

Contact Phone Number

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Shuttle Information

Shuttle Dates

Pick-Up Location

Drop-Off Location

I acknowledge and agree that my child is permitted to ride the summer camp shuttle bus. I hereby release and hold harmless the camp, its staff, and volunteers from any and all liability, claims, or demands arising from participation in the shuttle service. I have read and understood the terms of this waiver.

Parent/Guardian Signature

Date