

Summer Camp Outdoor Film Screening Waiver

I acknowledge that my child is participating in the Summer Camp Outdoor Film Screening event. I understand that this activity is held outdoors and may involve inherent risks including, but not limited to, uneven ground, weather conditions, and other hazards. I hereby release and hold harmless the camp organizers, staff, volunteers, and any associated parties from any and all liability, claims, or demands for accidental injury, loss, or illness which may occur as a result of my child's participation. I certify that my child has my permission to attend and participate in this activity and that I have disclosed any relevant health conditions to the camp staff. I have read, understood, and agree to the above terms.

Camper's Full Name

Parent/Guardian Name

Parent/Guardian Signature

Date
