



2023 Stark Parks Outdoor Adventure Camp Waiver

Completed waiver due on the first day of camp – Must also be Pre-Registered

Participants must have footwear that will stay on their feet such as tennis shoes. NO FLIP FLOPS.

Dates:	Check one - <input type="checkbox"/> June 12-14 (8-10 years) <input type="checkbox"/> July 17-19 (11-13 years) <input type="checkbox"/> July 31 – August 2 (11-13 years)
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Time:	9:00 am to 4:00 pm
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Location:	Exploration Gateway – 5712 12 th St. NW, Canton OH 44708
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Participant Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ 2nd Phone: _____

Email: _____ How did you hear about this program: _____

PICK-UP INFORMATION: (Who will be picking up the camper after the program)

Name: _____ Phone # _____

Signature (at time of pick-up) : _____

If plans change, please call the office at 330-477-3552 to notify us who the new pick-up person will be

ARE THERE ANY SPECIAL CIRCUMSTANCES STAFF SHOULD BE AWARE OF? (Allergies, medications, special needs, etc.)

* For questions or to speak with a staff member, please call 330.477.3552.

YES NO If yes, please explain: _____

EMERGENCY CONTACT INFORMATION: Please print and fill out completely

Primary Contact Name _____ Relationship of Contact _____ Emergency Phone Number _____

Secondary Contact Name _____ Relationship of Contact _____ Emergency Phone Number _____

PHYSICIAN INFORMATION: Please print and fill out completely

Physician's Name _____ Physician's Phone Number _____

WAIVER AND RELEASE OF ALL CLAIMS:
Signature on this registration and waiver form is required of all participants. A parent or guardian must sign for participants under age 18.

As a participant or parent/guardian of a participant in this Stark County Park District program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my child/ward may sustain as a result of participating in any and all activities associated with this program.

I agree to waive and relinquish all claims against the Stark County Park District (and its officers, agents, servants, and employees) of injuries, damage, or loss which I or my child/ward may have as a result of my participation in this program. I further agree to indemnify and hold harmless and defend the Stark County Park District (and its officers, agents, servants, and employees) from any and all claims sustained by me and/or my child/ward arising out of, connected with, or in any way associated with the activities of the program.

Medical Treatment Consent: I also consent to emergency medical treatment for me or my child/ward if necessary. I agree to waive and relinquish all claims against the Stark County Park District (and its officers, agents, servants, and employees) incurred by an emergency treatment received.

Media Consent: By participating in any Stark County Park District program or event, I agree to allow for publication of any photo/media taken for future park district programming.

I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the program waiver and the emergency medical treatment consent. This waiver form is completed and signed of my own free will.

 Signature or Parent, Guardian, or Adult Participant

 Date