Ninja Quest Camper Pick-Up Authorization Form

Camper's Last Name:			
Camper's First Name(s):			
Camper's Pre-existing Medica	al Conditions & Allergies	:	
Please include all names of the include YOURSELF, car pool good child/children. No campers w	roups and any other pare	ents, relatives or friends who a	
Last Name	First Name	Relationship	Phone Number
requiring medical or emergent camper has no pre-existing m camp should be made aware. serums which he/she will brind indemnify and hold harmless medical authorization to treat do hereby agree to abide by thereby authorize the staff of the requiring medical attention are illness incurred while at Campanamed Camper's participation Camp retains the right to use Camp. Furthermore, We/I have	nedical conditions, other We/I have provided this ag to camp in original pha Ninja Quest and its agent t the camper or from the he Ninja Quest Camp Rul Ninja Quest Camps to act act We/I hereby waive an b. We/I have no knowled in the Camp program, a for publicity and advertis we read, understood and osite (a physical or email	er. The undersigned acknowler than those submitted to us it is camper with an adequate supermacy containers with doctor ts from any injury or damage to treatment itself. Furthermore les and Policies as defined by the trace of the company and release the Camp from any age of any physical impairment as outlined by the coaches or was outlined by the coaches or was on the coaches and on hereby agree to abide by the copy is available upon request	and all liability for any injuries or that would be affected by the above website. We/I also understand the nd video images of Campers taken at he Ninja Quest Camp Rules and t).
Second Parent/Guardian: Prin	it Name & Signature		

NO CAMPER WILL BE RELEASED FROM CAMP TO ANYONE NOT ON APPROVED LIST UNDER ANY CIRCUMSTANCES