All children are to be dropped off no later than 9am and picked up no later than 4pm. If my child does not like a particular lunch, I will provide my child a packed lunch. I understand that Camp Glade is first come first serve and if capacity is met, my child may be turned away without an appointment.
Parents Please Read Carefully

Guidelines:

1. Child must follow all Camp Glade rules.
2. Child must willingly participate in activities.
3. Child must be able to walk, at least one mile per day.
4. If Child cannot swim, you must provide them with the necessary flotation device.
5. If Child needs supervision over and above or in addition to that provided by the Camp Glade staff then it is your responsibility as parent and/or legal guardian to provide a person or entity that is qualified to provide the same. In the event Camp Glade staff determines in its sole discretion that the supervision and/or care being provided by the person on entity you select is inadequate and/or in any way interferes with the operation of Camp Glade, the staff reserves the right to remove said Child as a participant in Camp Glade on a temporary or permanent basis.
6. Camp Glade staff reserves the right to remove your Child from the Camp Glade Program if his or her conduct becomes disruptive or interferes with the general operation of Camp Glade.

I give my consent for the minor Child listed on this form to participate in the Camp Glade program by GSR, LLC, dba The Resort at Glade Springs. I agree to abide by any and all Rules and Policies of the Camp Glade Program as outlined herein.

In consideration of allowing the said Child to begin participation in Camp Glade activities, while on the premises and property of GSR, LLC, the undersigned, for themselves, and/or being the legal and acting guardian of said Child, acting for themselves and on behalf of the said Child, release and hold harmless GSR, LLC, its owners, employees and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Child and/or the undersigned, while in or upon the premises upon which Camp Glade is conducted, or any premises under the control and supervision of GSR, LLC, its owners, officers, employees, or agents or in route to or from any of the said premises.

I give consent to Camp Glade staff to provide to said Child any and all emergency first aid treatment and/or refer treatment to a duly licensed physician, dentist, or other medical care provider to the said Child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the said Child. I authorize Child’s transportation to a medical facility, at my expense, as deemed necessary by Camp Glade staff to the said Child.

I hereby grant exclusive permission to GSR, LLC to use my Child’s name and photograph for the purpose of publicity, public relations, editorial or other advertising purposes without restriction as to frequency or duration.

By signing this Liability Release on behalf of a minor child, I represent that I am the parent and/or legal guardian of such Child. I accept responsibility for all the Child’s medical expenses incurred in connection with the Program. I agree to indemnify the Released Parties for any and all claims whatsoever brought by the Child or on behalf of the Child, and I agree to indemnify the Released Parties from and against any and all claims whatsoever brought by a third party arising in connection with the Child.

I have read and agree to all the above policies and outlined in this form. I understand that failure to follow any of Camp Glade policies may lead to denial of Child’s participation in the Camp Glade Program. I verify that I am the parent or legal guardian of the minor Child and I am of authority to enter into this agreement on behalf of the said Child and myself, and agree to be bound by its terms.

Name of Child(ren) ______________________________________ ______________________________________
____________________________________________________________________ ____________________________

Signature of Parent and/or Guardian    Date