

Deaf Camp at Children's Harbor
PO Box 6569
Talladega, AL 35161
205-282-4609 (Videophone)
205-717-1111 (Voice/Text)
www.deafcamp2017.org



Waiver & Release

My child plans to attend the Deaf Camp at Children's Harbor in Alexander City, Alabama on the week of July 16-22, 2017. I fully understand that injury or illness could result from or during my child's participation in this event. In case of an accident or illness, I give my permission for my child to receive medical treatment as deemed appropriate. I will assume full responsibility for any medical bills, damage or death. The Deaf Camp at Children's Harbor will not be held responsible for accidents, injuries, or loss of property. BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS AND ASSUME FULL RESPONSIBILITY FOR YOUR CHILD AT THIS RETREAT FOR THESE DATES.

Your Child's Name (Print)

Your Name (Print)

Your Signature

Date