

Permission, Release and Hold Harmless / Indemnification

(If you are over 18 print your own name on top two lines then write it on the signature line below.)

I / We, _____, are the parent(s)/guardian(s) of _____ . We hereby jointly and severally permit, and request the Wisconsin State Grange to permit our youth to participate in all activities sponsored by the National, State, Pomona, Subordinate and Junior Grange, specifically at the Midwest Grange Youth Conference to be held at Camp Wakonda in Milton, Wisconsin.

I / We, recognize the camp program requires time, energy and supervision of members and volunteers of the Grange in order to be a success. After having fully considered the possibilities of harm and injury, I / we do accept any responsibility for any and all injury to our youth as a result of participating in the aforementioned activity, and any other time involved in the activity.

I / We certify that I / our youth is in good health, free from physical disability, which would make my / our youth's participation in this activity inadvisable. I / we will advise the moderator of any information that I / we may acquire in the future which would render myself / our youth incapable for health or other reasons from full participation in this activity. By this permission form, I / we hereby expressly authorize the person in charge of the activity or their designee the authority to permit emergency medical treatment if it becomes necessary and I / we accept personal responsibility for the results and costs of such treatment.

This permission, release, hold harmless and indemnification is given so that the Grange will grant our youth to become a participant in the aforementioned youth activities.

I / We hereby release, hold harmless and will indemnify the Wisconsin State Grange, its officers, directors, staff, volunteers and moderators, as well as the Camp Wakonda and its representatives, from all responsibility for claims of personal injury to our youth which may occur as a result of participation in the youth activity.

Dated: _____ Signed: _____

In case of Emergency, Notify:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ Relationship: _____

Health History: Have or Subject to (check if yes)

asthma fainting spells heart trouble convulsions Diabetes

Allergic Reaction to any medications, food, etc. Describe:

Is there any condition requiring medication?

Name of medication _____ Brought to camp? _____

Name of medication _____ Brought to camp? _____