ALTON JONES RELEASE FORM

In order that the W. Alton Jones campus staff may provide each participant maximum opportunity for personal growth, I understand that in signing this agreement I certify that my child is healthy and free of problems that could be detrimental to his/her safety or that of other campers. I have read and I understand the packing information, the program descriptions in the brochure and online at www.altonjonescamp.org as well as the packing information and other information provided.

In the event that my child's behavior is felt to be unsafe or unmanageable, or if an illness or injury should arise in which a doctor's diagnosis is required, I authorize the program management to dismiss my child early, in which case I will assume responsibility for transporting my child from the W. Alton Jones Campus or, if away from camp, another location convenient to the group (Maine, for example), at a time specified by the program management. If I am not available, I authorize the people listed (see below) to pick up my child.

I grant permission for the camper named on this form to participate in all planned activities dictated by the program he/she is attending which may include but are not limited to hiking on slippery terrain, and if conditions permit, snowshoeing, sledding, and ice-skating on frozen ponds (participants must bring their own skates), understanding that safety precautions will be carried out and that competent leadership will be provided. I have read all of the material provided and I understand the nature of the program. I understand that activities will be conducted outdoors in the natural environment day and night in all types of weather. I further understand that participation in activities can expose my child to dangers both from known risks and from unanticipated risks. W. Alton Jones Camp reserves the right to change plans if weather or other circumstances dictate. I also understand that if the health or safety of other campers or staff or suspicion of theft indicates the need, campers may be required to inventory their belongings in the presence of staff members. The W. Alton Jones Campus is not responsible for lost or stolen items.

I hereby assign and grant to the University of Rhode Island the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child by the University of Rhode Island, and I hereby release the University of Rhode Island from any and all liability from such use and publication. I hereby authorize the reproduction, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the University of Rhode Island and I specifically waive any right to any compensation I may have for any of the foregoing.

It is my understanding that the University of Rhode Island provides limited accident insurance coverage for all participants up to $5000.00 maximum per injury. I understand that in signing this agreement, I hereby assume responsibility for all medical expenses for my son/daughter not covered by the University’s accident insurance policy.

I understand that a photo driver's license (or equivalent photo ID) is required to pick up my child. In an emergency when I cannot be reached, or if I (the person signing this form) cannot pick up my child at the end of camp, I authorize the following people to sign out my child upon presentation of a photo ID. SPOUSES AND EX-SPOUSES must be listed if you would like them to be able to pick up your child.

Camper's Name (please print) __________________________

Name __________________________ Relation to Child
Telephone home: (____) work: (____) cell: (____)

Name __________________________ Relation to Child
Telephone home: (____) work: (____) cell: (____)

Parent/Guardian Signature: __________________________ Date __________
Telephone home: (____) work: (____) cell: (____)
Print Name: __________________________

End of Camp Check Out: Signed __________ Date __________