



Camp Wilmot, 5 Whites Pond Road, Wilmot, NH 03287 Phone: (603) 768-3350, Fax: (603) 768-3409  
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**Wilmot Winter Weekend,  
February 19-21, 2010  
PERMISSION SLIP**

As a parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the Wilmot Winter Weekend 2010, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Camp Wilmot and its staff during the events and activities. These activities may include outdoor winter activities such as sledding, skating, hiking, snowshoeing, skiing, and other related activities.

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I/We agree not to hold Camp Wilmot, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Parent /Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address/City/State/Zip**

\_\_\_\_\_  
**(W) Phone #**

\_\_\_\_\_  
**(H) Phone #**

\_\_\_\_\_  
**email (optional)**

\_\_\_\_\_  
**Health/Med. Ins. Co.**

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Phone #**

**Please list below/ on back of this Release Statement any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time. Also list any special food/ eating requirements.**