



PERMISSIONS'HQTO

Print Parent or Guardian Name:

Print Camper Name:

Session(s):

During each summer session Camp Unirondack campers usually take off-camp trips that include swimming. New York State requires us to inform you that your child may go on a day trip or overnight trip that will involve swimming in a lake or stream that has not been inspected by the NYS Health Department. The location may be remote or inaccessible to allow for prompt transfer to an emergency medical health care facility.

Each of these swimming areas is chosen and inspected by our trip leaders and lifeguards. These swimming areas meet written safety specifications for water clarity, current, bottom slope and natural hazards. Each off-camp swim area will be supervised by a lifeguard and will follow the traditional safety rules and additional rules that are required by the natural setting of the swimming areas. Most of the off-camp swimming is done at four locations that we have used for many years. Please sign the declaration below. Your declaration will be kept for up to nine months for inspection by the NYS Health Department.

Wilderness Swimming Declaration

I/we understand that my child may be swimming in areas that have not been inspected by the New York State Health Department, but have been approved for swimming by the lifeguards and trip leaders who work for Unirondack, Inc.

Parent/Guardian Signature _____ Date _____

Photo Permission

I give Unirondack, Inc. permission to publish in print, electronic or video format the likeness or image of myself and/or my child (without his or her name). I release all claims against Unirondack with respect to copyright ownership and publication including any claim for compensation for use of the materials.

Parent/Guardian Signature _____ .Date _____

Session and Carpooling List Permission

I give Unirondack, Inc. permission to share contact information for my family and my child with other campers for the purpose of arranging carpooling or as part of the publication of a session mailing list for campers.

Parent/Guardian Signature _____ .Date _____

Sunscreen Permission

I/we give permission for my child to carry and use topical sunscreen and for Unirondack staff members to apply sunscreen at the request of my child.

Parent/Guardian Signature _____ Date _____