



connects

Camp Mitton Release Form

To be filled out by all participants of Crossroads Connects programs

Participants Name: _____
School/Organization: _____
Arrival Date: _____
Departure Date: _____

Promotional Materials: Unless I cross out this section regarding promotional materials, I agree that photos/videos/other media may be taken of my child and may be used for future promotional materials, including the *Crossroads* website.

Release: I give permission for my child to attend camp and participate in all programs, which may include activities off of the camp premises. I agree that *Crossroads* will observe all reasonable precautions for the care and protection of my child. I understand that staff selection policies and procedures including confirmation of background checks, and healthcare and discipline policies, are available to parents or guardians at their request. I understand that I may contact the office during business hours to file any grievances. By signing this form, I hereby release and hold harmless the camp, and its directors, officers, employees, agents, and representatives, from any and all damages, claims, injuries and liabilities, which may arise out of my child's attendance at camp and out of his/her participation in any activities while in attendance.

Is there anything else we need to know so we can help your child have a fun, well-adjusted experience?

Name of parent/guardian: _____
Home phone number: _____
Cell phone number: _____

Signature: _____
Date: _____

Camp Mitton, 46 Featherbed Lane, Brewster, MA 02332

Tel: (617) 765-7556 / Connects@crossroadsMA.org / crossroadsMA.org