

KIDS for the BAY

Summer Camp

LIT Intern Self Sign-Out Form

LIT/Intern Name	
Parent/Guardian Name	
Session(s) Enrolled	

I give permission for _____ to sign themselves out of KIDS for the BAY Summer Camp. I understand that from the time my child signs themselves out of Camp, I am responsible for the whereabouts and well-being of my child.

In consideration of allowing my child to participate in KIDS for the BAY Summer Camp and to the fullest extent permitted by law, I agree to hold harmless KIDS for the BAY, its employees, and its volunteers and assigns from and against all claims arising out of or resulting from my child's participation in camp upon release. I hereby voluntarily hold harmless and release KIDS for the BAY and Earth Island Institute (KIDS for the BAY's parent organization), its trustees, officers, employees, agents and volunteers from any and all claims arising out of or incident to my child's release from Summer Camp, which may be made on behalf of me, my child, my personal representatives and my heir or assigns.

Parent/Guardian Signature:

Date:
