



Killarney Lutheran Camp  
1200 Chisholm Road  
Onsted, MI 49265  
(517)467-4511  
[www.killarneycamp.org](http://www.killarneycamp.org)

## Consent and Waiver Form

### **General Consent**

I hereby give permission for my Family to attend Killarney Lutheran Family Camp Retreat or child to attend Killarney Lutheran Teen Retreat at 1200 Chisholm Rd in Onsted MI from \_\_\_\_\_ until \_\_\_\_\_. (Month, date, year) (Month, date, year) In granting this permission, I assume full responsibility for any damages to person(s) or property by myself or Family member(s). I further agree that in the event of behavior which would warrant dismissal of my family or teen from camp, I will not be refunded any of the costs for campsite or family/teen retreat reservations.

### **General Waiver**

I acknowledge there are inherent, although rare, risks involved in participating in camp activities. Recognizing the services that are being provided, I release and hold harmless, Killarney Lutheran Camp (Camp Killarney), the Lutheran Campsite Association, associated churches, those doing business with the camp; the owner of the property, board of directors, camp director, staff, employees, and camp visitors from any liability for injuries, including illness and/or death incurred during participation.

### **Photo Release**

At times Camp Killarney may take still or moving photos/images while your Family members are at camp. By signing below, you are permitting Killarney Lutheran Camp to use any images of you or your child in any camp publications or public areas. I also acknowledge that images may be taken by other participants of the camp program.

### **Insurance Claims**

I understand that Killarney Lutheran Camp, LCA, associated churches, or staff are not obligated to provide medical insurance to its participants. I understand that any personal medical coverage I have will provide primary coverage.

**Medical Treatment Authorization**

I hereby give permission to Killarney Lutheran Camp to provide first aid/health care, administer prescribed and non-prescribed medications and also, to seek emergency treatment as needed. I also agree to the release of any medical records necessary for insurance or medical purposes. I give permission to KLC to arrange emergency transportation for me/ my child. In the event of an emergency and I cannot be reached, I hereby give permission to the hospital selected by KLC to secure and administer treatment, including hospitalization, for the person named above. To the best of my knowledge, I have listed, on the health form, all of my camper's medical allergies, medications being taken, medical problems, behavior or mental concerns/diagnosis, and other pertinent information. My family/teen has my permission to participate in all prescribed activities except as noted by me. I realize that this consent is valid for 1 year from the date below. If there are changes I will notify the camp.

I have read and agreed to the Camp Killarney Consent and Waiver Form regarding the Assumption of Risk/Liability and Consent/Release for camp participation.

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Print Camper's Name(s) Relationship

\_\_\_\_\_

Parent/Guardian Signature Date