

Martial Way Summer Camp



CAMPER SELF-RELEASE WAIVER

AUTHORIZATION TO LEAVE CAMP PREMISES WITHOUT SUPERVISION

PARTICIPANT INFORMATION

Name: _____

Date of Birth: ____ / ____ / ____

CAMP SESSION

- ☐ Week 1: 6/30 - 7/3
- ☐ Week 2: 7/7 - 7/11
- ☐ Week 3: 7/14 - 7/18
- ☐ Week 4: 7/21 - 7/25
- ☐ Week 5: 7/28 - 8/1
- ☐ Week 6: 8/4 - 8/8
- ☐ Week 7: 8/11 - 8/15

Authorization

I hereby give permission for my child to:

- Leave camp without being signed out by a parent, guardian, or authorized pickup person.
- Travel home or to another location on their own by walking, biking, or other independent means.

I understand and acknowledge the risks associated with allowing my child to leave the premises unsupervised. I accept full responsibility for my child's safety after departure from camp.

Release of Liability

By signing below, I release and hold harmless Martial Way Youth Center, its staff, volunteers, and affiliates from any and all liability, claims, or legal actions resulting from my child's departure from camp without adult supervision.

Parent / Guardian (Print): _____

Parent / Guardian (Signature): _____

Date: _____