



NorthBay

PARENT / GUARDIAN CONSENT AND LIABILITY RELEASE FORM

At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Release of Liability Form be signed as a requirement to attend camp.

I am the parent or legal guardian of _____ (the "Camper") who wants to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). I agree to sign this Health Consent so my child can attend camp. I promise the information given on this Health Form is complete and accurate. It is true that the Camper has had all immunizations required by the Maryland DHMH Recommended Childhood Immunization Schedule and that the school has these records. If I cannot be reached in an emergency while my child is at camp, I give permission to the physician selected by the camp director to hospitalize, order proper treatment for, and/or order injections, anesthesia, or emergency surgery for my child. If something were to happen to my child, a doctor selected by the camp may treat him/her for any injury/illness. I understand medical information about my child is confidential and protected under state and federal law. I give permission for the camp nurse to discuss my child's medical information with his/her health care provider if my child is ill, injured, or takes medications. I give permission for the camp nurse to share information about my child with his camp teachers, counselors, and dining when necessary to protect his/her health and safety. I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give permission for the Camper to participate in all of these activities while at NorthBay and agree on behalf of the Camper that I and the Camper assume all of these risks. Both I and the camper hereby release NorthBay, its employees, agents and related parties from claims or injuries caused by any inappropriate behavior on the part of the Camper. However, NorthBay will be responsible for claims caused by the negligence of NorthBay. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without payment or approval rights, for use in materials created for promoting NorthBay. The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial.

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- Acetaminophen (generic for Tylenol)
- Ibuprofen (generic for Advil and Motrin)
- Calamine Lotion (for itching)
- Hydrocortisone Cream (for itching)
- Antibiotic Cream (for minor cuts/scrapes)
- Loratadine (generic for Claritin)
- Diphenhydramine (generic for Benadryl)
- I do not want over-the-counter medications given to my child

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____

