

**Leader Name** \_\_\_\_\_

**PARENT OR GUARDIAN PERMISSION**

**Youth Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

I give my permission that my child (or ward) become a member of the Camp Fire council. I will assist in observing the rules of the council and that I waive any claims against Camp Fire and the council except for claims arising from gross negligence or willful acts of the council or its agents that may arise from participation in the activities of the Camp Fire council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child (or ward). In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.

You have my permission to use photographs in which my child (or ward) appears for Camp Fire publicity:

yes       no

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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