



YWCA CAMP FUNKIST SUMMER 2008

515 North Street White Plains, NY 10605 (914) 949-6227 x168 www.ywcawhiteplains.com

Where summer fun begins...

Camper Last Name: _____ First Name: _____

GENERAL PERMISSION & INDEMNITY FORM

As guardian of (Child's Name) _____

I, _____ hereby give my child, permission to
(Guardian's Name)

participate in Camp Funkist activities and events including, but not limited to the following:

- Trips
- Swimming
- Photo Taking

Photography Release

I further grant permission to the YWCA of White Plains and Central Westchester to use photographs of my child taken at the YWCA Camp Funkist program (or on trips) for publicity purposes.

Hold Harmless Statement

I hereby release and agree to hold harmless the YWCA of White Plains and Central Westchester, its principals, directors, officers, agents, employees and volunteers from any loss, liability, or damage they may incur arising out of or related to my or my child(ren)'s participation in **Camp Funkist** to the greatest extent allowed by law.

By signing below, you indicate that you have read and agreed to the above statements. Should you wish to exclude your child from any activity, you must notify the Camp Director in writing.

Signature

Date