

Camp Innisbrook

Parent/Guardian Consent



Child's Name: _____
First Last Date of Birth

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First Last Date of Birth

Allergies/Asthma: _____

Medications: _____

Other Known Conditions: _____

Swimming Ability: _____

Home Address: _____

City: _____ State/Zip: _____

Phone Number or Cellular Phone Number: _____

—Is your cell phone turned on? Did you include your area code with the cell phone number?

Would you like to be notified about future Camp Innisbrook events? Yes No

E-mail address (*We do not share e-mail addresses*): _____

Where can you be reached at all times while child/children are at camp? _____

Who will pick up your child/children? (*Photo I.D required*) _____

RELEASE STATEMENT: The undersigned parent or legal guardian of the child/children listed above hereby consents and authorizes participation in Innisbrook, a Salamander Golf & Spa Resort's Recreation, Golf and Tennis Department's Youth Program. I understand that my child/children will engage in a number of sports and activities that require physical exertion and acknowledge that there is a risk of personal injury to my child/children. In consideration for Innisbrook Resort and Golf Club recreation accepting the above names children into the Youth Program, I do hereby for myself, my spouse, my children, my heirs, personal representatives and assigns, forever discharge Innisbrook Resort and Golf Club, it's agents, servants, associates, officers, directors, affiliates, sureties, successors, and either in law or equity, arising from or as a result of my child/children's participation in Innisbrook, a Salamander Golf & Spa Resort's Recreation, Golf and Tennis Department's Youth Program. In addition, I hereby authorize and accept financial responsibility for Innisbrook staff to seek all medical attention for my child/children in the event of an emergency. I also give permission for the free use of my child's name and pictures in any broadcast, telecast, or printed media account of this activity.

Parent/Guardian Signature

Date