



BOROUGH OF FAIR LAWN

Bergen County, New Jersey 07410

WAIVER/PERMISSION SLIP

COMMUNITY CAMP-OUT

BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I HEREBY ACKNOWLEDGE:

I understand this activity carries inherent risk and as such, acknowledge my child and myself, will be exposed to this risk as a participant. I authorize the Borough of Fair Lawn to procure medical treatment for me (and/or my child if applicable) in the case of emergency, at my own cost and expense. I understand the Borough will make a reasonable attempt to notify the emergency contact/s I have designated above, in the event of a medical or other emergency. I also acknowledge that I have received a copy of the Rules and Regulations.

NOTE: YOU ARE WAIVING YOUR LEGAL RIGHTS BY SIGNING THIS DOCUMENT. PLEASE READ THIS DOCUMENT IN FULL BEFORE SIGNING.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will. I also understand that as a participating Parent, I also understand there is inherent risk in my participation and hereby acknowledge and accept that risk of my own free will.

Print Name	Age (if under 18 yrs. old)	Address	Cell Phone	Liability Release Signature (parent/guardian if under 18 yrs old)

Over please

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EMERGENCY CONTACT INFORMATION

Please list two (2) Emergency Contacts in the order you would like us to follow:

1st EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELL PHONE: _____

2nd EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CELL PHONE: _____

MEDICAL INFORMATION

List All Known Allergies: (Some examples are Food, Mold, Insects) Please list as application including name

Name	Allergy

Special Needs: Please list as applicable including name

	Name	
Allergy Medicine(s):		
Medical Devices:		
EpiPen:		
Prescription Medicine (s):		

----- **For Official Use Only** -----

Number of Camping Spaces _____ Number of Participants _____ Adult _____ Children _____ Assigned Area _____