



CAMP DISCOVERY
Applicant Information and Release of Liability

Disclosure:

The Town of Windsor's Camp Discovery program at the Milo W. Peck Child Development Center involves a variety of activities and challenges that include games, hiking, swimming, use of the archery and ropes challenge course and off site travel provided by staff. All activities are challenge by choice, that is, the level of participation is determined by the individual at all times. There is risk involved in all activities associated with participants and the participant of the program assumes this risk. It is the policy that all participants have health insurance coverage. Information on this coverage must be made known to the instructors of the program prior to the onset of activities. All information will be kept confidential.

Applicant Information:

1. Name: _____
2. Full Address: _____
3. Daytime Phone Number: _____
4. Evening Phone Number: _____
5. Emergency Phone Number: _____
6. Date of Birth: _____
7. Name of Insurance Company: _____

8. Release of Liability:

I understand that the Camp Discovery program and the use of the Windsor's ROPES course may be both physically and emotionally demanding. I affirm that I am in good health and that I am not under any professional care for any condition that will limit my ability to safely participate with the guidelines. I recognize the inherent risk of injury that could result from participating in Camp Discovery. I release the Town Council, Town Staff, Camp Discovery staff, volunteers and campers liability for any injury to me during camp.

Applicant's Signature: _____

Parent/Guardian's Signature: _____