



summer outdoor adventure day camp release authorization & medical form

Contact Family

Name _____

Address _____

Parent 1 work phone _____ Parent 2 work phone _____

Evening phone _____ Cell or other phone _____

Email address _____

Camper Information

Name _____ Birthdate & Year in School _____ M / F

Emergency contact information _____

Medical history: allergies, physical limitation(s) & special considerations _____

Doctor's contact information _____

Fee & Deposit

- \$200.00 per camper
- \$50.00 deposit with application
- Balance due one week prior to camp opening date

Refund Policy

This is the first year for the Serenbe Outdoor Adventure Day Camp, and a minimum of 10 (and no more than 25) children are needed to ensure the camp will be held. Should the camp be canceled for any reason, a full refund will be made.

Refunds for camps also will be made if requested in writing, by fax, by email or in person according to the schedule in the chart below. Refunds on credit cards or in the form of a personal check are subject to a \$25 administrative fee, deducted from the total allowable refund. Refunds in the form of a personal check may take up to 4-6 weeks for processing. We reserve the right to grant exceptions to the stated policy in situations including, but not limited to, illness and death in the immediate family.

Time of Request	Refund	Administration Fee
At least 15 days before camp	100%	\$25
Within 7 - 14 days of camp	50%	\$25
Less than 7 days of camp	25%	\$25
After the first day of camp	0	Full



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Health and Medical Waiver

The camper's parent/legal guardian warrants that the camper is physically fit and able to participate in the camp activities, and consents to any employee, agent, or other personnel affiliated with the Serenbe Summer Day Camp ("Serenbe Personnel"), to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of Serenbe Personnel for the above-named camper in the event of an accident, sudden illness, or other condition that occurs while the above-named camper is in the care or under the supervision of Serenbe Personnel.

The parent/legal guardian further understands that Serenbe Personnel will make reasonable efforts to notify the parent/legal guardian or another parent of the camper in the case of an accident, sudden illness or other condition, but authorizes Serenbe Personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

The parent/legal guardian signing this form releases Serenbe, Inc., Serenbe Properties, LLC, and the Serenbe Institute, and all Serenbe Personnel from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all the costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

Liability Waiver

The parent/legal guardian agrees to hold harmless Serenbe, Inc., Serenbe Properties, LLC, the Serenbe Institute, all Serenbe personnel, and the owners of any properties in Serenbe made available for camp activities, from any claims, damages, losses and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such camp activities. The parent/legal guardian also warrants that participation in this camp is voluntary and that the camper and the parent/legal guardian understand the inherent risks involved in camp activities, and the camper agrees to obey all rules and policies mandated by camp personnel.

Parent or Guardian's Name (please print)

Parent or Guardian's Signature Date

PLEASE FAX COMPLETED FORM TO TRICIA MADDEN AT 404.759.2780 (fax)
For more information, please contact Tricia at 678-641-1715 or tbmadden@comcast.net