

1180 West Houston Street Anna, Texas 75409 214-667-5600 www.collincountyadventurecamp.org

to read with regard to other YMCA and camp policies.

## **Attendee Release and Parental Authorization**

	Name of Attendee / Student	
-	Name of Parent / Guardian (print clearly)	
	School/Group Name and Dates at Camp	_
County Adventure Ca	d of my free will, I do hereby agree to indemnify and save amp and the YMCA of Metropolitan Dallas from any all and claiing out of any injuries, damages or other losses, whether perso	ms or demands,
sustained by me, or YMCA staff are consi	any party to whom I am responsible. Any photographs/videoidered property of the YMCA and may be used in newsletters, my permission for use of these photographs for media use b	os taken by the , brochures, and

Signature of Attendee Date of signature (If Camp Attendee is18 or older) Signature of Parent or Guardian Date of signature (If Camp Attendee is 18 years or younger) Address Child's birthday City / State / Zip Parent Birthday

Adventure Camp and YMCA of Metropolitan Dallas. By my signature, I have been given information