



2010 Camp Dogwood Summer Academy ACTIVITIES PARTICIPATION AUTHORIZATION FORM

I, _____, parent/guardian of the child named _____,
do hereby acknowledge and authorize (except as indicated on their submitted Physician Form
signed by licensed medical personnel), my child to participate in all activities, programs and field
trips offered by, for and at the AnBryce Foundation Camp Dogwood Summer Academy, including,
but not limited to, those activities, programs and field trips listed below:

- Transportation (both commercial and private vehicles)
- Feeding and otherwise close proximity to livestock
- Camp Fires and other traditional camp activities
- Field trips
- Academic enrichment
- Communal Living
- Swimming
- Sports & fitness
- Hiking
- Subject to new foods

By signing this document I understand that I am giving my child permission to participate in the
AnBryce Foundation Camp Dogwood Summer Academy. If there are any activities that I do not
what my child to participate in or if there are any restrictions on participation, I will inform the
AnBryce Foundation/Camp Dogwood in writing prior to the start of the program. I will not hold the
AnBryce Foundation/Camp Dogwood responsible for any injuries or accidents resulting from
participating in the AnBryce Foundation/Camp Dogwood Summer Academy.

Print Name of parent/guardian _____ Date _____

Signature of Parent/guardian _____

Print Name of Camp participant _____ Date _____

Signature of Camp participant _____