

CAMP EAGLE RIDGE

Be a Volunteer and make a difference!

Camp dates will be as follows:

Please check what dates you will be available to work

June 6th ___ 7th ___ 9th ___ 10th ___

Times: 7:30-3:30

Name: _____ Age: _____

Address _____

Home # _____ Work # _____ Cell # _____

Email address: _____

In an emergency, please notify:

1. _____ Home # _____ Other: _____

2. _____ Home # _____ Other: _____

Area of interest _____

***Waiver and Release of Liability Parent/Self Consent:**

Camp Eagle Ridge will take every measure and precaution to provide a safe environment for our campers and volunteers, but I understand that participation in physical activities such as wall climbing, horseback riding, archery, target shooting, obstacle course and all other Camp Eagle Ridge activities may lead to serious injuries. Nevertheless, I give permission for my child/ self to participate in all Camp Eagle Ridge programs. I release, and hold harmless all Camp employees, volunteers, or any other workers of Camp Eagle Ridge from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future for injuries, death or illness that might occur during these summer programs. I verify that to the best of my knowledge the above named counselor/ volunteers are physically able to fully participate in all activities associated with these programs.

***For insurance purposes we are required to obtain a background checks on anyone over 18 years old working with the campers. Please sign below allowing us to run a background check and we are sorry for any inconvenience this might cause.

Name of Volunteer Printed

Signature Date

Parent Name Printed Parent Signature

For questions or for more information, please call 601-480-5503

or e-mail: dlr112879@aol.com

Check out our website: www.campeagleridge.org