



Camper Name: _____

CONSENT FORM

This form must be signed

The applicant or parent/guardian has read and understands all the information in this application and understands the nature of the camp activities and gives permission for the camper to participate. The applicant and parent/guardian also agree to the following:

(initial each paragraph)

_____ I understand that The Great Gluten Escape Camp Inc. **will not** accommodate special diets other than gluten free, dairy/casein free and nut free. I also understand that the camp cannot guarantee that all food products used at camp have been manufactured in gluten-free and/or nut-free facilities.

_____ All campers will be checked for head lice during the check-in process at camp. Parent/guardian understands that any camper with head lice will NOT be allowed to stay at camp.

_____ If the applicant is or becomes contagious at camp we will send the camper home without refund and all expenses will be paid by the parent/guardian.

_____ The applicant or parent/guardian grant permission to the staff and volunteers to provide applicant/child with transportation for emergencies.

_____ I give The Great Gluten Escape Camp, Inc., and Camp Gilmont the right and permission without compensation to use photographs of my child and their name for publicity and public relations purposes.

I understand and have advised the applicant that the violation of the following rules will require him/her to leave camp prematurely. There will be no refunds.

1. No smoking, drinking, use or possession of illegal substances
2. No climbing out of windows.
3. No leaving the sleeping area after lights out other than to use the restroom.
4. No possession of any weapon or anything intended to be used as a weapon.
5. No physical violence.
6. No bullying, harassing, or intimidating other campers or staff.
7. No disrespect to staff or campers.
8. No disobeying Camp Gilmont camp rules.

Signature of Parent/Guardian

Date

Signature of Camper

Date