

St. Stephens Lutheran School K-6

Summer Camp Liability Release

I, the undersigned parent or legal guardian, release SSLS, or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal articles while on the premises or participating in any activity sponsored by SSLS. I also permit SSLS to seek medical treatment as deemed appropriate through EMS/911 and or local hospitals.

Parent/guardian signature

Date

Parent/guardian name (please print)

Field Trip & Transportation Permission

I hereby give permission for my child to be picked up from camp location in a school bus and transported to the field trip location and returned to the camp location.

Parent/guardian signature

Date

Parent/guardian name (please print)