

GENERAL PERMISSION AND RELEASE FORM

I, _____ am the parent or legal guardian of _____, a minor. I hereby give my permission for my child to participate as a camper in the Plast, Ukrainian Scouting Organization USA, sponsored camping activity commonly known as "Sviato Vesny", which will be held at the Plast Camp, "Pysanyj Kamin", located in Middlefield, OH from May 28, 2010 to May 31, 2010. I recognize and acknowledge that camping in general and this camp in particular can be inherently dangerous as the activities of the camp occur outdoors in the wilderness and include but are not limited to; living in tents, maintaining; camp fire security at night; participation in athletic activities, cooking on open flames, using camping equipment including but not limited to axes, shovels, lanterns and matches; and possible exposure to conditions and situations found in wilderness areas. I acknowledge that I am familiar with the types and nature of the activities planned for these camp activities (hereafter referred to as "activities") and expressly permit my child to participate in all of the activities. I do agree further for my child, myself, his/her heirs, successors and assigns, to hold Plast Ukrainian Scouting Organization USA., its' director's, officers, agents, employees, and members and all of them free and harmless from and against any and all claims, by whomsoever made or presented, for damages or compensation from any and every such injury or damage suffered by my child including personal injury and damage to property.

I further acknowledge that I am aware that my child shall be transported to and from the location of the aforementioned activity either by charter vehicle or in the private vehicles of camp staff, participants or others. I specifically permit my child to be transported by this method.

I specifically represent that my child is enrolled in a health insurance plan which will provide coverage for any injury or illness that my child may suffer while participating in the activities of "Sviato Vesny".

Insurance Co _____ Policy# _____

List Known allergies (food, bees, drugs) _____

Current Medications _____

I acknowledge that I have read understand and executed this document.

Signature of Parent or Legal Guardian

Date