

# Elementary Camp

**Coupeville Farm to  
School**

www.coupevillefarm2school.org  
pmueller@coupeville.k12.wa.us

## Camper Information

**Full Name:**  **Date of Birth:**

**Address:**

**Email:**  **Phone:**

## Emergency Contact

**Name:**

**Relationship**  **Phone number**

**email**

## Emergency Contact

**Name:**

**Relationship**  **Phone number**

**email**

## Additional Camper information

**Camps to attend:**  **Nature Patterns Art Camp**  **Pollinator Power Camp**  
**Please Check box**

**Food or plant allergies:**

**Any additional accommodations:**

My signature below states the following:

- I give my child(ren) permission to participate fully in the Coupeville Farm to School (CF2S) camps. I recognize this program includes, but is not limited to, certain physical activities, which may pose some risk of injury. I further understand and agree that CF2S is not an insurer nor is responsible for any costs incurred by me or my child arising from activities conducted within the scope of this program.
- I indemnify and hold harmless CF2S and the Coupeville School District, any of its employees and/or agents from all claims from my use of CSD property or participation in any programs. I will further indemnify and hold harmless CF2S and CSD, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child(ren)'s use of CF2S and CSD property and/or participation in CF2S programs to the extent of CF2S liability under general law.
- The emergency contacts listed are authorized to make emergency decisions on my behalf if I cannot be reached. In the event that no one can be reached, I authorize CF2S to arrange any necessary emergency medical treatment.
- In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible.
- I understand that CF2S cannot legally restrain my child and in the case of a student abandoning the site, emergency contacts will be notified. I give CF2S permission to walk my child(ren) to CSD campuses, School Gardens, the School Farm, and other walking field trips within Coupeville.
- I understand that photographs may be taken of my child during the course of this camp and I give CF2S permission to use these photographs for publicity purposes.
- If my child(ren) damage CSD or CF2S property I may be held liable for expenses relating to loss.
- I have read and fully understand the above important information, warning of risk, and assumption of risk and waiver and release of all claims.

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Parent Signature / Date