

No Insurance Release Form
(for campers without medical insurance)

In consideration for Camp Cedar Cliff, INC. Permitting _____, (“Camper”) A minor, residing at {Address} _____, to participate in the Camp Cedar Cliff Summer Camp (“Camp”), including all of the physical activities involved therewith AND in consideration for Camp Cedar Cliff, INC., agreeing to waive its requirement that all Camp participants be insured under private insurance plans, Camper, by and through Camper’s parent(s)/guardian(s), hereby remises, releases and forever discharges Camp Cedar Cliff, INC., as well as its affiliates, successors, assigns, representatives, and employees, from any and all actions causes of action, claims demands, and liabilities for, upon, or by reason of any damage, loss or injury to any person or to any property relating to Camper’s participation in Camp and all activities pertaining thereto.

Camper, by and through Camper’s parent(s)/guardian(s), further agrees to indemnify and hold forever harmless Camp Cedar Cliff, INC., against loss from any further claims, demands or actions arising from Camper’s aforesated Camp participation that may hereafter be make or brought against Camp Cliff, INC. by any person or entity

Dated this _____ day of _____, 20____

Signature of Camper

Print Camper’s Name

Signature of Camper’s Parents(s)/Guardian(s)

Print Name(s) of Camper’s Parents(s)/Guardian(s)
