Liability and Medical Release Form
Hands on History Summer Camp 2026

Hands on History Summer Camp: (please circle dates attending) June 15-19 or July 6-10, July 20-24, or Aug 3-7

Participant's Name:_____ DOB_____

Parent/Guardian:_____Telephone:_____

Medical Insurer:_____ Policy No._____

Subscriber's Name:_____

Doctor:_____

Allergies:_____

Current Medications:_____

Date of Last Tetanus Shot:_____

Drug Allergies or other medical information:_____

_____

Any Additional Information about the camper so that the staff can best serve their needs:

_____

_____

I, _____, the parent or guardian of _____, give my permission for them to participate in the Chadds Ford Historical Society's Summer Camp Program.

I hereby authorize the program coordinator, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical treatment. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

I understand that there may be certain risks involved with my son's/daughter's participation in the activities of this program. I therefore agree to indemnify, release, and hold harmless the Chadds Ford Historical Society, their agents, employees, and directors from all lawsuits, claims, damages, losses, injuries, and expenses arising out of my son's/daughter's participation.

Signature of Parent or Legal Guardian: _____

Date: _____