



Wells Reserve at Laudholm Permission Form

I give my child _____ permission to participate in the camp program at the Wells Reserve at Laudholm.

- If immediate medical attention is necessary, and I cannot be reached, I authorize the Wells Reserve to have my child treated at the nearest medical facility.
 - I understand that photographs and videos taken during the program may be used by the Wells Reserve, Laudholm Trust, and their assignees to advertise and promote future programs without compensation or further permissions.
 - I understand that if a child demonstrates repeated inappropriate or unsafe behavior, their participation in the program may be terminated without issuing a refund.
 - I agree not to hold the Wells Reserve responsible for loss or damage of personal belongings.
 - I am aware that the deer tick, *Ixodes dammini*, can transmit Lyme disease and other diseases and is commonly found in coastal areas. I recognize that I should perform a tick check on my child upon returning home from the camp program.
 - I understand that sending my child to camp with/wearing a face covering as a preventative measure for the COVID-19 pandemic is now optional.
 - I recognize my own responsibilities regarding the above.
 - I give the following people permission to pick my child up from camp:
- _____

Parent/Guardian Signature

Date