



# 3<sup>rd</sup> Annual J. Edward Hutchinson

## Emergency Services Youth Camp (Ages 11 -17)

Saturday, June 6, 2020 - 8:00am until 2:00pm @ Lynch Field Complex

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Sex Male Female

Child's Tee Shirt Size (Adult Sizes) S M L XL XXL

Any Known Allergies or Food Allergies \_\_\_\_\_

Any Known Medical Conditions \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parent's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent / Guardian Email \_\_\_\_\_

Emergency Contact Name (Adult) \_\_\_\_\_

Emergency Contact Cell Phone \_\_\_\_\_

### ACTIVITY DISCLAIMER / PHOTO WAIVER

In consideration of my child's participation in the Greensburg Emergency Services Camp, I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever for any injuries and/or damages. I understand no fee is being charged for my child's participation, and that I agree to release and hold harmless, and covenant not to sue the City of Greensburg, the Greensburg Volunteer Fire Department (and any of it's 6 individual fire companies) or Mutual Aid Ambulance including its employees, officers, agents, and volunteers (Released Parties) for any personal injury or property damage I or my child may suffer. As part of the consideration for providing this camp, and allowing my child to participate, I agree to defend and indemnify the Released Parties against any claims whatsoever that may arise by virtue of my child's participation in the camp. I hereby give my permission to the agencies conducting this camp to use the above Name(s) and any photos of my child for the use in print or social media ads for the purpose of marketing, publicity, or recruitment. *I have read this document carefully, and understand it. I am signing this freely and without reservation or condition. (If you have any questions about this document do not sign it. Contact an attorney to assist you).*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN APPLICATION to: Rick Steele, 625 E. Pittsburgh St, Greensburg, PA 15601  
For Questions Call or Email: (724) 454 - 9519 or greensburgfire@comcast.net