



Camp Thrive

Camper Release Form

Date_____

I give permission for my child_____

to be released at the end of camp for the week of_____

to the following people:

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

I understand that Camp Thrive cannot be held responsible for any event that occurs to or by my child after his or her release from camp.

Signature_____

Relationship to camper_____