**Release of Liability Form – Lillie’s Quest Camp**

**My Child(ren)**        **has permission to attend all field trip activities with 5Breads & 2Fish/Lillie’s Quest Camp. I know and understand the purpose of the field trip and activities and I authorize my child to participate in the planned trip to the extent indicated by my signature below.**

**I agree, individually and on behalf of my child(ren), to release and not hold 5Breads & 2Fish/Lillie’s Quest Camp. Program liable for any harm or injury to minor or damages to or loss of minor’s personal property, resulting directly or indirectly from his/her participation in the camp. This release includes all risks and liabilities connected with this field trip, whether foreseen or unforeseen by 5Breads & 2Fish/Lillie’s Quest Camp, the minor, or me and whether or not resulting from negligence of 5Breads & 2Fish/Lillie’s Quest Camp.**

**In the event that my child(ren) is injured or get sick during any trip or activity, and I the parent am unable to provide consent to his or her medical treatment, I authorize 5Breads & 2Fish/Lillie’s Quest Camp. Program to delegate on my behalf to proceed with any medical treatment deemed necessary by The 5Breads & 2Fish/Lillie’s Quest Camp, until I am able to provide consent or until someone legally able to speak on my child(ren) behalf is made available. I agree, individually and on the behalf of my child(ren), to release, indemnify, and not hold The 5Breads & 2Fish/Lillie’s Quest Camp responsible for any liability which may be assessed against 5Breads & 2Fish/Lillie’s Quest Camp. Program as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.**

**Parent’s Signature:**        **Date:**