

**Camp High Places**  
 2735 Village Drive,  
 Ione, CA 95640  
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[www.camphighplaces.com](http://www.camphighplaces.com)  
[info@camphighplaces.com](mailto:info@camphighplaces.com)



**Permission to Participate**

The following form is designed to inform campers and parents of the activities that have the potential of being offered at camp. A parent signature on this form acknowledges the consent of the parent for their child's participation in all listed activities, unless otherwise indicated. Please review these activities with your camper. Please write any activities in which you **DO NOT** want your child to participate in the spaces provided. If you have a question about any of the listed activities, please feel free to call us. Descriptions of each activity and links to the activity vendors may also be found on our website - [www.camphighplaces.com](http://www.camphighplaces.com). Limiting many activities can make some activity periods difficult, as available options would be restricted. Please sign and date the bottom and return back to us with the remainder of this enrollment packet:

(PLEASE DO SO EVEN IF ALL ACTIVITIES ARE OK FOR PARTICIPATION.)

<b><u>OUR ACTIVITIES</u></b> <small>(NOTE: OPTING OUT CANNOT BE CHANGED ON THE TRIP)</small>	
<b>(CIRCLE ANY ACTIVITIES THAT CAMPER FOR WHICH CAMPER WOULD LIKE TO <u>OPT OUT</u>)</b>	
WHICH ACTIVITIES? (TRIP SPECIFIC)	PLEASE GIVE YOUR REASONS FOR OPTING OUT
_____	_____
_____	_____

**Campers also engage in group activities, evening programs, weekend programs, and special events. If you would like more details, please feel free to call or visit our website.**

I understand and certify that my child's participation in Camp High Places and its activities is completely voluntary and I have familiarized myself with the camp's program and the activities that are involved with this program. I understand that my child may participate in any of the above activities as a result of being involved in the camp program. I am aware that certain dangers are inherent in the Camp High Places program. I recognize that although Camp High Places has taken safety measures to minimize accidents and injuries, Camp High Places cannot guarantee their program will be free of accident, illness, or injury to its participants. I have pointed out the importance of camp rules, policies and procedures to my camper, and have instructed them to follow them closely.

Camper Signature \_\_\_\_\_ Camper Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

**Parent's or Guardian's Additional Permission.**

In consideration of \_\_\_\_\_ (minor participant) being permitted by Camp High Places and myself to participate in camp activities, I agree to indemnify and hold harmless Camp High Places and its officers, directors, employees, and agents from any claims which are brought by, or on behalf of listed minor, and which are in any way connected with participation by minor.

Parent or Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_