

4-H Camp Ohio



Experience, Learn & Grow

_____ has my permission to participate in the Ohio 4-H program and activities as listed on the 4-H Camp Ohio website (with the exception of any restricted activities listed previously). I understand participants will be supervised. I understand the 4-H staff and volunteers; The Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness or for the compounded injury or illness to the participant's present medical conditions listed. I understand 4-H Camp Ohio is not liable for uncontrollable circumstances such as communicable diseases or infestations including but not limited to bed bugs and lice. I further understand in case of serious injury or illness I will be notified.

I understand my child is not permitted to have a cell phone in their possession during their stay at camp.

Parent/Guardian Signature: _____ **Date:** _____