

**HAPPINESS IS CAMPING, 62 SUNSET LAKE ROAD, HARDWICK, NEW JERSEY 07825  
RICH@HAPPINESSISCAMPING.ORG PHONE: 908-362-6733 FAX: 908-362-5197**

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**RISK/CONSENT FORM**

I authorize any physician, nurse or other health care provider, to communicate with the medical staff and director of Happiness Is Camping, or his designee, or camp doctor or nurse on call, about my child's medical condition, treatment, and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions with the director, his designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

I also understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child(ren), and that they come with certain risks and uncertainties beyond what my child(ren) may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child(ren). I realize that no environment is risk-free, and so I have instructed my child(ren) on the importance of abiding by the camp's rules, and my child(ren) and I agree that he/she is familiar with or will be learning these rules and will obey them.

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Warren County, New Jersey, and shall be constructed in accordance with the laws of New Jersey.

These authorizations are limited to the 2012 summer camp season.

Camper's Name \_\_\_\_\_ Sibling's Name \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Sibling's Name \_\_\_\_\_

PLEASE LIST ALL CHILDREN ABOVE THAT ARE ATTENDING HAPPINESS IS CAMPING

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

Signature \_\_\_\_\_

