



Student Release Form

****Please complete this form and return it to the school as requested. It must be completed and signed for attendance.****

9303 Father Foley Dr 218-543-6161
Pine River, MN 56474 fun@campfoley.com

Name _____ Birth Date ____/____/____

School _____ Date of attendance _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian(s) _____ Preferred Phone _____

Alternative Phone _____ Additional Phone (Optional) _____

As a parent/guardian of the above named student, I give my permission for the above named student to participate in the program at the Foley Environmental Center (Camp Foley). I acknowledge and am aware that this program involves certain inherent risks which I accept and may include injuries relating to, but not limited to, walking on uneven trails with elevation gains of up to 300 feet, canoeing, rock climbing and belaying (on an outdoor wall), group sports and games, archery, fire building, whittling, and other peoples' actions. I also realize that involvement in this program may subject him/her to certain stresses and hazards, which may include but are not limited to sun, lightning, wind, stinging and disease carrying animals (ticks, spiders, insects, etc.), poisonous plants, communicable disease (including but not limited to COVID-19), proper hydration, etc. not all of which can be foreseen. Student agrees to abide by all rules set by the Foley Environmental Center (Camp Foley) especially in regards to personal behavior and safety.

The student named above has permission to participate in all activities at the Center. I hereby give permission to the medical personnel selected by the Foley staff or the school to order X-rays, routine tests, and/or treatment for this student. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Foley staff or the school to hospitalize, secure treatment for, and to order injections and/or anesthesia and/or surgery for the student as named on this form.

Accordingly, I hereby release the Foley Environmental Center, including all of their personnel, agents, affiliates, staff and directors, from any and all liabilities to me and the above named student with respect to injury, sickness, disease, loss or damage. This release applies to any and all liabilities to me or my estate, or to this student or student's estate, of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I or my estate, and the above named student's estate, will indemnify and hold harmless the Foley Environmental for all sums incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize the Foley Environmental Center to use any photos and videos taken while in attendance in publicity materials and will not hold the center responsible for personal equipment including but not limited to cameras, musical instruments or clothing items for loss, damage, or any injuries resulting from the misuse.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____