

Conservation Day Camp Release Form

I do hereby give permission to the Northeast Indiana Conservation Districts of DeKalb County, LaGrange County, Steuben County, and Whitley County, their agents, and others working under its authority, full and free use of video/photographs containing my child's image. I understand these images may be used for promotional, news, research and/or educational purposes.

I hereby release, discharge, and hold harmless the Northeast Indiana Conservation District of Steuben County and their agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

Assumption of Risks: Participation in this activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another.

I hereby release The Northeast Indiana Conservation District of Steuben County and the personnel and volunteer instructors of said department from all actions, damages and claims, or demands which I, my heirs, executors, administrators, or assigns may have against any, or all of the above mentioned parties, for all personal injuries known or unknown, and injuries to property, real or personal, caused by, or arising out of, any activities affiliated with this education course.

I have read the previous paragraphs and I know, understand, the terms and risks that are inherent. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.

Camp Location: July 11, 2023 Pokagon State Park

Child's Name: _____

Birth Date: _____

I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Signature: _____

Date: _____