Celebrating our 31st Season   **Membership Number:16-_____**

WAIVER, RELEASE, AND EMERGENCY INFORMATION FORM

I _____, assume sole responsibility for the safety of my person and property while I am at *Hillside Campgrounds* located at 948 Creek Road, New Milford, Susquehanna County, PA 18834. I acknowledge that I am entering a campground with limited improvements and I am here for the express purpose of enjoying the rustic outdoor environment.

I understand that the paths and roadways are unpaved and that the swimming pool is shallow and unattended by a lifeguard or other personnel and there are no security guards.

I acknowledge by signing this *Waiver and Release*, that I am waiving my rights to hold the owners and operators of the *Hillside Campgrounds* liable for any injuries which I may sustain either as the result of my own action or non-action or by engaging in any sport with other persons who may be at the campgrounds.

I waive any claim at law or equity which might arise and I bind my heirs, executors, or administrators to this agreement.

I further agree to save harmless and to reimburse the owners and operators of the *Hillside Campgrounds* from any suit (or judgement which may result from said suit) caused by my own actions.

This *Waiver and Release* shall remain in effect until the first day of May following the date hereon.

I also agree to follow **all camp rules** whether stated in writing or given verbally by an authorized representative of the *Hillside Campgrounds* and agree to review printed rules carefully and follow them.

NAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE**: _____ **ZIP** _____

EMAIL ADDRESS: _____

PHONE   Main: _____   **Mobile:** _____

PERMS - Site Name: _____   **Site Phone:** _____

PERMS - Can we publish your info in a list for distribution to other Perms?   YES   NO

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER(s): _____ , _____

Does your emergency contact know that you are at a *gay clothing optional* campground: YES   NO

SIGNATURE AND DATE _____

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For Office Use:

ID Used: _____   State: _____   Verified: _____

Comments/Notes: