

**Camp Glen Brook**  
**Parental Permission to Work at Camp Glen Brook**  
**(For Junior Counselors and/or other employees under age 18)**

My child, \_\_\_\_\_ (Name)  
\_\_\_\_\_  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Town, State, Zip)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date of Birth)  
\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ (Social Security Number),

has permission to work as at Camp Glen Brook, 35 Glenbrook Road, Marlborough, NH 03455, and has permission to participate in all camp activities and in employment activities not specifically prohibited for workers of this age by the U.S. or N.H. Departments of Labor. I understand that this permission is given in lieu of a Youth Employment Certificate (Working Papers) issued by the State of New Hampshire.

I understand that this is a residential employment setting, and that my son or daughter may spend free time, including days and evenings off, with peers as well as with staff ages 18 or older. Time off is sometimes spent away from camp. Junior Counselors have the same rules and expectations of conduct and work as adult employees, unless prohibited by law.

I give consent that my child may ride in a camp vehicle with camp-authorized drivers, including business related activities and during free time or days off. I understand that my child may not have a vehicle at camp.

***For the following paragraph, cross out words to make it reflect your consent and initial.***

\_\_\_\_\_ **I give / I do not give** consent for my child to ride in a private vehicle driven by an adult employee of **Initial here** the camp, not necessarily on camp business. (For example, can he or she accompany a counselor age 18 or older driving a personal vehicle (owned or rented) to a movie or the beach or on a shopping errand?)

I have reviewed the employment documents and forms that have been provided to my child.

I hereby give permission to Camp Glen Brook to provide ongoing health care, to select medical personnel, and to order x-rays or routine tests or treatment for my child during the time my child is a camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. I understand that this release may be photocopied or electronically transmitted for use away from camp.

I hereby give permission for my child's full participation in all general camp and CIT activities and programs including, but not limited to the following: archery, games and sports, swimming, outdoor skills and nature study, animal care and gardening, work projects including kitchen and general maintenance, confidence / challenge ropes course, canoeing, kayaking and boating, arts and crafts, bicycling, hiking, backpacking, camping, horseback riding and other general camp activities. Further, I know of no reason, including those of physical or emotional health, to preclude my child's full participation in all camp programs and activities.

I understand that camp programs and activities carry risks of accidents that may result in injury and losses. I release Camp Glen Brook, its employees, and its agents from responsibility or legal liability for any injuries or losses to my child unless incurred as a direct result of his or her employment activity (workers compensation case) or determined to have been directly caused by the gross negligence or malfeasance on the part of Camp Glen Brook, its employees, or its agents.

Media images or recordings of my child made by or authorized by the camp will become camp property and may be used by Camp Glen Brook for brochures, videos, website, print, or other publicity purposes. Directory information may be compiled and distributed for the private use of campers and staff.

**I understand all of the above and I freely give all contained permissions and consents.**

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_