

To **LITHUANIAN SCOUTS ASSOCIATION, INC.**  
**AGREEMENT TO RELEASE**

**Child under 18 years of age**

**Print Name of Child** \_\_\_\_\_

**Born on:** \_\_\_\_\_  
Month/Day/Year

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We (I) hereby grant permission for our (my) child or children named above to fully participate in the programs provided by the Lithuanian Scouts Association, Inc., at Camp Rakas in Custer, Michigan. We (I) understand, agree and acknowledge that the Lithuanian Scouts Association, Inc., Camp Rakas, Gelezinis Vilkas, Inc. and/or their respective directors, officers, employees or volunteers cannot assume any responsibility for any injury, damage or harm which might result during the course of any activity during the camp or camping activities or traveling to or from such camp or activity, and we (I) hereby release the Lithuanian Scouts Association, Inc., Camp Rakas, Gelezinis Vilkas, Inc., and/or their respective directors, officers, employees or volunteers from any and all liability for any claim or lawsuit arising out of such injury, damage or harm.

In consideration of permitting our (my) child to participate in the Lithuanian Scouts Association, Inc. camp, we (I) agree that such responsibility for our (my) child will remain with us (me), as the parents, parent or guardian of our (my) child. Should any claim be asserted by any person as a result of the acts of our (my) child while participating in any activity during said camp or traveling to or from such camp or activity, or should our (my) child asset any claim or lawsuit against the Lithuanian Scouts Association, Inc., Camp Rakas, Gelezinis Vilkas, Inc., and/or their respective directors, officers, employees or volunteers, we (I) agree to indemnify and hold the Lithuanian Scouts Association, Inc., Camp Rakas, Gelezinis Vilkas, Inc., and/or their respective directors, officers, employees and volunteers harmless from any such claim or lawsuit, including attorney's fees and costs incurred in defense thereof.

We (I) further authorize medical treatment of our (my) child, in the event of illness or injury sustained in our (my) absence while our (my) child is participating in the activities of the Lithuanian Scouts Association, Inc., at Camp Rakas.

\_\_\_\_\_  
**Signed on this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_ **A.D.**

**Signature of Parent or Guardian** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

**Address of Parent or Guardian** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS INSURANCE COVERAGE**

**Insurance** \_\_\_\_\_

**Account #** \_\_\_\_\_

**ID #** \_\_\_\_\_

**Received on** \_\_\_\_\_ **20** \_\_\_\_\_

**By:**

**(For administration use only)**