

Arhum Youth Camp: Required Form *(to be printed and completed prior to camp)*

Camper Name:

Parent(s)/Guardian(s) Names:

I have made an informed decision for my child to participate in Arhum Youth Camp will be held from July 25-27, 2025 at Siddhachalam, 111 Hope Road in Blairstown, NJ 07825.

Siddhachalam will take all reasonable precautions to ensure the safety and security of my child. I understand, however, that participation in an overnight summer camp carries risks.

I acknowledge that this Waiver and Release of Liability will be used by Siddhachalam, its affiliates and the organizers, collaborating organizations, teachers and volunteers of the Camp (the Releases) and that it will be binding on you (the Releaser) as follows:

The Releaser hereby waive, release and forever discharge the Releases from any and all liability for any death, disability, personal injury, property damage, property theft or loss, expense or actions of any kind which may hereafter accrue to my child during the Camp, for any cause whatsoever, and waive any and all claims, causes or actions or demands against the Releases.

The Releaser agree to indemnify and hold harmless the Releases from any and all liabilities or claims made by other individuals or entities as a result of my child's actions during the Camp.

I hereby consent for my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Camp.

I consent to Siddhachalam using my and my child's information for the purposes of maintaining communications with me or my child. To revoke this authorization, I must notify Siddhachalam in writing. Electronic information provided during registration will be stored on Google servers, PayPal and/or the personal computers of our volunteers; written medical information will be summarized and/or shared only with appropriate staff, volunteers, and or licensed practitioners in order to ensure the safety of my child. Your information will not be shared with, or sold to, any third party except as required for safety or by law.

I agree to allow photographs or video of Camp activities, which may include images of my child, to be used in future camp promotional materials, website, Facebook and other social media, or brochures.

I understand that dangerous or disruptive behavior by my child may result in Siddhachalam recommending that my child be removed from Camp early, at my own expense. Such circumstances will be discussed with the parent / guardian in order to ensure safe transfer of care of my child.

I understand if I cancel my child's registration with at least 10 days remaining prior to the start of camp, a \$50 cancellation fee will be applied & the balance will be reimbursed. I understand if I cancel my child's registration with less than 10 days left prior to the start of camp, the camp fee is fully non-refundable.

I understand that if camp is cancelled for any reason by Siddhachalam, then I am entitled to a full refund, however I cannot claim any additional damages, losses, or child care expenses from the Releases.

I hereby certify that I have read this Waiver and Release of Liability, understand its contents and am aware of what I am agreeing to.

Parent/Guardian:

Date: