



Tick Release Form

By enrolling my child _____ and myself _____ into Camp Chrysalis for August 23rd- August 25th , 2019 by signing below I do hereby acknowledge that I have been informed by the Camp Chrysalis staff that there is a tick alert in the camp area and that there is a chance my child and/or myself could be bit by a tick. I have been informed that in the event that a tick is found on my child and/or myself that I will be notified by a camp staff member and that I will be responsible for removing any ticks that may be found on my child and/or myself.

By signing below, I hereby acknowledge that I have received the “Be on Guard for Ticks” handout provided to me by the staff of Camp Chrysalis.

By signing below I agree to hold Hospice of Orange and Sullivan Counties, Inc. and Camp Chrysalis, harmless for any liability resulting from my child and/or myself receiving a tick bite while attending Camp Chrysalis.

Signature (Guardian Signature)

Date

Hospice of Orange and Sullivan Counties, Inc. witness (or other)

Date

Camp Chrysalis Program
Tick Release form 2019

