

MoLab, Inc.'s Camp Spark – Igniting Knowledge!

Authorization to Pick Up Camper Form

Camper Name: _____

Camper Grade: _____

Name of Person Signing Form: _____

Relation to Camper: _____

Names of persons authorized to pick up camper:

Name: _____

Relation to Camper: _____

Name: _____

Relation to Camper: _____

Name: _____

Relation to Camper: _____

I hereby certify that the above stated persons are authorized to pick up my child at the end of his or her camp session, or for any emergency that may arise if I cannot be contacted. I request that *MoLab, Inc.'s* staff follow standard first-aid procedures in the event of an accident or injury regarding my child. I understand that I will be notified if possible (or a designated contact person) if my child becomes ill during the day. If I cannot be contacted, *MoLab, Inc.* is to contact my physician listed on the registration form.

MoLab, Inc. and its officers, directors, employees, or agents shall be held harmless from and against any and all liability, loss, damage, claims, suits, fees, and expenses.

Parent/Guardian Signature

Date

Mail to: MoLab, Inc. Camp Spark – Igniting Knowledge!
1700 North Monroe Street, Ste 11-223
Tallahassee, FL 32303
Email to: aimee@tallymolab.org