

Camp Fire Central Coast of California  
PO Box 1269, Arroyo Grande, CA 93421-1269  
340 Pomeroy Avenue, Pismo Beach, CA 93449  
campfirecentralcoast.org  
805-773-5126



### WAIVER FOR PHYSICAL EXAM & IMMUNIZATIONS

It is respectfully requested that my child, \_\_\_\_\_ be exempted upon religious or other (specify: \_\_\_\_\_) grounds from the physical examination and immunization requirements for attendance at CAMP NATOMA. To the best of my knowledge and belief, she/he is and has been in normal good health and is free from all communicable or contagious diseases. Should (child's name: \_\_\_\_\_) manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious diseases, I agree that a physical examination may be performed. Also, I agree that if any such disease is found, my child and I will comply with the regular quarantine or isolation procedures of the camp and of the community. It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately, the authorities of the camp may take such temporary measures as they deem necessary. I release and forever hold harmless the Camp Fire Central Coast of California and Camp Natoma, each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the "Released Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of (child's name: \_\_\_\_\_.) I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of (child's name: \_\_\_\_\_) against the Released Parties. I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**THIS FORM MUST BE TURNED IN WITH HEALTH HISTORY FORM ON CHECK-IN DAY.**