



Youth Entrepreneur Camp LIABILITY RELEASE & Emergency Contact FORM

I hereby give permission for my child, _____, to participate in the Young Entrepreneur Camp under staff supervision, and agree to hold harmless E-seedling, LLC and their employees from any and all liability, injury or loss arising out of my child's participation in this program. I certify that my child is fit to participate in all program activities. In case of emergency, I grant permission for my child to be given treatment at a local hospital.

Parent Signature

Date

Please list any medical conditions, food allergies (and their severity) or other information we should be aware of during the camp:

Emergency Contact information that can be reached during camp:

Name _____ Relationship _____

Phone _____