



CAMP SNOWBALL VOLUNTEER  
OFF-SITE ACTIVITY CONSENT FORM

**THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT / GUARDIAN OF  
ANY CAMP SNOWBALL VOLUNTEER UNDER THE AGE OF 18.**

I give permission for my son/daughter, \_\_\_\_\_, to participate in the following off-site activities while volunteering in the Camp Snowball Program:

The Camp Snowball bowling trip to Pin Street at Warwick, S. Rte 94, Warwick, New York

I understand that my son/daughter will be transported in the Warwick Conference Center's vehicles. I fully understand and acknowledge that there are risks involved with any activity and by granting my son/daughter permission to attend, I assume and accept all risks associated with this activity and release the Warwick Conference Center, Inc./Camp Warwick and its employees from any liability associated with these risks.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Name Signature

\_\_\_\_\_  
Date