

**CAMPER RELEASE FORM**  
**Michigan Area United Methodist Camping**

This form must be completed, signed, and turned in at check-in on arrival at camp.

The State of Michigan requires that we have a plan to assure that campers leave camp only with authorized persons.

CAMPER'S NAME: \_\_\_\_\_

**Only the following people**, other than me, are authorized to pick up the above named camper and the completion of the camp session.

**PLEASE PRINT NAMES:**

1. \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

3. \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Are there any persons who are NOT authorized to pick up your camper?

\_\_\_\_\_

Will your camper be leaving camp at any time and then returning during his/her stay?

Y N Explain: \_\_\_\_\_

Will your camper be leaving early on the last day of camp?

Y N Explain: \_\_\_\_\_

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**Signature** of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED WHEN CAMPER LEAVES CAMP**

Date of Check-out: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_