

# *Eagle Fern Camp*

## **TCL Off-Campus Release Form**

**Please complete this form for all TCL participants. Please complete this form and return it to ??? or ??? (the TCL leaders.)**

I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to participate in any and all  
(print Parent or Guardian name) (TCL Participant)

off-site activities during their TCL session. (**Alpha**: July 5th – 24th, 2010 / **Omega**: August 1st – 21st, 2010).

I understand that my student will be adequately supervised by the TCL leaders or other Eagle Fern Camp staff. I will allow my son or daughter to be transported by an Eagle Fern staff member over the age of 18.

Parent/Guardian Signature: \_\_\_\_\_  Date: \_\_\_\_\_