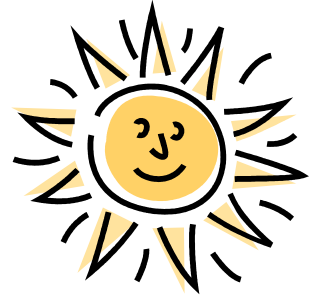


GOOD SPIRIT FOUNDATION'S



Application 2021 Summer Camp

5151 E. Stokes Ferry Rd
Hernando, FL 34442
(352) 726-7531



Name _____ Age _____ Grade _____

Address _____ Phone () _____

What are your grades this year? _____ Do you read music? _____

Five Words to describe your personality? _____

What personal areas would you like to improve? _____

What are your responsibilities at home? _____

What are your interests and hobbies? _____

If you could travel anywhere in the world, where would you go? _____

For more information contact us at: GoodSpiritFoundation@gmail.com -OR- (352) 726-7531
www.GoodSpiritFoundation.com www.facebook.com/TheGoodSpiritFoundation

LOOK FORWARD TO SEEING YOU!

June 14 - July 2, Parent's Day July 3

Suggested Donation \$250 per child

Release from Parents or Guardians

Young Person's Name: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Family Physician: _____

Phone: _____

Medical Insurance: _____

Policy #: _____

This agreement executed this ____ day of ____, 20____, by
_____, hereinafter called the "Releaser".

Now, therefore, in consideration of the Good Spirit Foundation, Inc. agreeing to accept my child,
_____, as a guest in its programs, which I support and acknowledge, the releaser
agrees as follows:

1. The Releaser hereby fully releases and discharges the Good Spirit Foundation, Inc. and its volunteers from all rights, claims, and actions which he/she have against the Good Spirit Foundation.

2. This release is intended by the parties to release all claims for injuries, damages, or losses to Releaser and child or his/her person and property, real or personal, whether known, unknown, foreseen, unforeseen, patent or latent, which the Releaser may have or may acquire against the Good Spirit Foundation. The Releaser understands and acknowledges the significance and consequence of such specific intention to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that he/she may incur from this child's entry into the Good Spirit Foundation's program.

3. This release is freely and voluntarily executed by the undersigned after having been appraised of all relevant information and data furnished by the Foundation. The Releaser has read the contents of this release and understands the consequences of same.

4. In the event of an injury, the Releaser hereby grants permission for Good Spirit Foundation or its representative(s) to proceed directly to a Hospital Emergency Room for Medical treatment. Releaser will be responsible for the costs as per paragraph 2.

5. The Good Spirit Foundation, Inc. has permission to use photos taken at camp and foundation events in their advertising, on their website and any place deemed acceptable.

In witness whereof, the parties hereto have hereunto set their hands and seals the day and year first written above.

Releaser _____ Witness _____

Releaser _____ Witness _____

Are there any allergies or medical needs we should be aware of? _____

Financial Assistance: We want every child to be able to attend our program. If finances are a problem, tell us what you can pay and when; and we will check with our supporters and find some assistance.

I can pay \$_____ according to the following timetable: _____

I need some assistance for \$_____.