



CAMP KANDU WAIVER
(you can list multiple children on this one form)

I, _____, hereby waive all claims against the
DIABETES FOUNDATION OF MISSISSIPPI, INC., sponsors or any personnel for any
injury that my child/children _____

_____ or I might suffer at Camp Kandu. I also grant full permission for the DFM to use
photographs of my child or me in legitimate accounts or promotions for Camp Kandu.

Signature – Parent

Date

Name of Child

