UNIVERSITY OF NORTH FLORIDA
CAMP/PROGRAM PARTICIPANT LIST

Name of Camp/Program: _____

Dates of Camp/Program: _____

_____
Print Director's Name

_____ _____
Director's Signature Date

Camp Participant Name	Acknowledgement & Waiver of Liability Form Received Date

☐ **Additional names and waivers will be obtained on the 1st day of camp/program AND a final list will be sent to EH&S.**