

NO HEALTH INSURANCE AGREEMENT

If you **do not** have health insurance for your child please fill out the following and have **notarized**:

In case of a medical emergency I agree to assume the cost of all medical treatment for _____ (name of camper)

Signature

Printed Name

The foregoing instrument was acknowledged before me this _____ day of _____, 2020, by _____, who is personally known to me or who has produced ___ Driver's License or Military ID as identification.

(Notary Public)

My Commission Expires: _____