

NOTARIZED STATEMENT OF RESPONSIBILITY

In lieu of supplying a Copy of a Health Insurance Card, please accept this Notarized Statement of Responsibility for Medical Payments.

I understand I will be responsible for my own health maintenance. In the event of a serious illness, accident or emergency, I will inform an appropriate Camp Official so that assistance may be secured and so that my designated Emergency Contact may be notified.

My Emergency Contact is:

Name: _____

Telephone Number: _____

Cell Phone Number: _____

I understand that in the absence of health insurance, I will be personally responsible for all medical costs.

By my signature below, I absolve Wekiva Youth Camp and the Florida Federation of Garden Clubs, Inc. of all responsibility and liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses I may incur while I am at Wekiva Youth Camp, or that I may incur after leaving Wekiva Youth Camp as a result of some injury, illness, incident or disease encountered.

THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

Volunteer Signature

Date

TO BE COMPLETED BY NOTARY PUBLIC:

_____ (volunteer's name) personally appeared before me and swore or affirmed that she/he freely and without reservation signed this Notarized Statement of Responsibility.

Date

Notary Public, State of Florida

My commission expires

Affiant's identification has been validated by: _____