

Earth Camp 2026

Mambourg Park

June 9, 10, and 11, 2026

TO: Potential Earth Campers

FROM: Fairfield Soil & Water Conservation District

Thank you for inquiring about Earth Camp 2026, an exciting outdoor adventure for kids being held at Mambourg Park located at 5531 Cincinnati Zanesville Rd. NE, Lancaster, OH. **This is a new location from previous years.** Earth Camp is a great way to meet new friends, learn cool things about the earth, eat good food, and get dirty – all in three days.

Please note that the dates for Earth Camp are Tuesday, Wednesday, and Thursday, June 9, 10, and 11, 2026. Earth Camp is for kids **entering 3rd, 4th, and 5th grades in the 2026/2027 school year.** Earth Camp is a day camp with each day beginning promptly at **9 a.m.** and concluding at **4 p.m.** Due to limited spots available to interested campers, **please only sign your child up if you plan to attend the full 3 days of camp.**

Earth Camp is FREE and **is limited to Fairfield County residents or those enrolled in a Fairfield County school.** Campers will receive morning and afternoon snacks, lunch, an Earth Camp T-shirt, and supplies for crafts.

Each camper will need to complete the following enclosed forms (4) and return them to the Fairfield SWCD office. Earth Camp will be held rain or shine. Don't miss out on the fun! Earth Camp is limited to the first **50** registrations. Completed registrations can be emailed to earthcamp@fairfieldswcd.org and will be accepted until the camp is full. **If you are one of the first 50 applicants, you will receive a confirmation letter.** Call (740) 653-8154 if you have any questions.

EARTH CAMP REGISTRATION

June 9, 10, & 11, 2026

Name of Applicant: _____

Age: _____ Grade for 2026/2027 School Year: _____

School Attending: _____

Please check one of the following:

_____ Fairfield County Resident;

_____ Non Fairfield County Resident, but attend a Fairfield County School;

_____ Other

Please list only 1-2 friends you'd like to be grouped with during camp:

Name of Guardian: _____

Address: _____

Phone: _____

Please list up to 3 people authorized for child pick up:

If you would like to be a volunteer, please check a day that you would be available, and we will contact you if needed. Thank you.

_____ Tuesday, _____ Wednesday, _____ Thursday

Applications will be accepted until the camp is full.

Forms can be mailed to: Fairfield SWCD
831 College Ave., Suite B
Lancaster, OH 43130

Or emailed to: earthcamp@fairfieldswcd.org

If you have any questions, please call:

Fairfield Soil & Water Conservation District at (740) 653-8154

EARTH CAMP

Emergency Medical Authorization

Student's name _____ Telephone _____

Address _____
Street City Zip

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while at Earth Camp (when parents cannot be reached).

PART I. TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ or
_____ (home/work phone)
_____ at _____ have been unsuccessful, I hereby give my
(other authorized party) (phone)

consent for: (1) the administration of any treatment deemed necessary by Dr. _____
(preferred physician)

at _____ or Dr. _____ at _____, or in the event the
(phone) (preferred dentist) (phone)
designated preferred practitioner is not available, treatment by another licensed physician or dentist; and

(2) the transfer of the child to _____, or any other hospital
reasonably accessible. (preferred hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications presently being taken, and/or any physical impairments to which a physician should be alerted:

Date _____ Parent's Signature _____

PART II. TO REFUSE CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action to be taken, or to:

Date _____ Parent's Signature _____
Address _____
Telephone _____

Earth Camp

RELEASE AND WAIVER

In consideration of participation in the Fairfield County Parks, Fairfield Soil and Water Conservation District, and Community Action Recycling and Litter Prevention's Earth Camp I, _____ guardian of _____, intend to be legally bound, voluntarily assume all risks of accident or injury and release and forever discharge the Fairfield Soil and Water Conservation District, Fairfield County Parks, Community Action Recycling and Litter Prevention, any and all offices of the County of Fairfield, State of Ohio, and City or Township Officials and their employees, officers and agents from any and all liability for personal injury or property damage or loss of any kind sustained in association with participation in the activity, whether such personal injury or property damage or loss is caused by negligence of any of the above parties or their employees, officers, or otherwise.

I, _____, guardian of _____, covenant and agree to indemnify and hold harmless the Fairfield Soil and Water Conservation District, Fairfield County Parks, Community Action Recycling and Litter Prevention, any and all offices of the County of Fairfield, State of Ohio, of any City or Township Officials and their employees and agents from all liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from participation in the Earth Camp.

We further agree to abide by all applicable rules and regulations promulgated by Fairfield County Parks, Fairfield Soil and Water Conservation District, and Community Action Recycling and Litter Prevention.

The PERMITTEE is hereby warned of personal liability for injuries and damages, and it is required that participants be covered by group and/or individual liability insurance.

SIGNATURE OF GUARDIAN

DATE

EARTH CAMP RELEASE & LICENSE to USE IMAGE, NAME and/or VOICE

I, the undersigned, hereby grant Fairfield Soil and Water Conservation District (“FSWCD”), Fairfield County Parks (“FCP”), and Lancaster-Fairfield Community Action Agency (“LFCAA”) permission to use, reproduce, distribute and publicly display, in any form now known or later developed, my image or visual likeness, my name and/or my voice (the “Personal Information”), throughout the world, by incorporating it or them into publications, catalogues, brochures, books, magazines, photo exhibits, videotapes, website and/or other media (the “Works”) or commercial, informational, educational, or promotional materials relating thereto.

I release, and hereby agree to indemnify, defend, and save harmless FSWCD, FCP, and LFCAA its agents, employees, licensees and assign (collectively, “Released Entities”) from any and all claims I, or any third party, may have now or in the future for using, reproducing, distributing and publicly displaying this Personal Information.

I waive any right to inspect or to approve any Works that may be created using the Personal Information and waive any claim with respect to the eventual use to which the Personal Information may be applied. The Personal Information may be used at FSWCD’s, FCP’s, and LFCAA’s sole discretion, except that FSWCD, FCP, and LFCAA will not use the Personal Information for any criminal or illegal purposes or in a manner inconsistent with community standards of decency.

I understand and agree that FSWCD, FCP, and LFCAA are and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, information, educational, advertising, or promotional materials containing the Personal Information.

I am of full legal age and have read this release and am fully familiar with its contents. By their signature below, a minor’s parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release & License.

Name: _____ Age (if Minor): _____

Signature (not required if Minor): _____ Date: _____

Name of Parent(s)/Guardian if Minor: _____

Signature of Parent(s)/
Guardian of Minor: _____ Date: _____

Address: _____ Phone: _____