

Camp Lackawanna  
Staff and Volunteer  
Authorization and Release

I hereby authorize Camp Lackawanna or other authorized representatives of the camp bearing this release, or copy thereof, to obtain any information pertaining to any of the following: my criminal history and / or Child Abuse Registry history. I hereby direct agencies charged with the collection of the above information to release such information upon request of Camp Lackawanna or other authorized representatives of the camp.

I hereby fully release and discharge Camp Lackawanna or other authorized representation of the camp, their respective affiliates, employees, agents, attorneys and any individual organization, entity, agency or other source providing information to Camp Lackawanna or other source from all claims and damages arising out of or relating to any investigation of my background for the purposes of either my employment or volunteer work at Camp Lackawanna.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_