OWASIPPE SCOUT RESERVATION
SPECIAL DIET REQUEST FORM
9900 Russell Road, Twin Lake, MI 49457

PLEASE PRINT ALL INFORMATION CLEARLY

Camp Attending (circle one)

C A R L E N

Name: ___________________________ Scout or Adult (circle)

NYLT Date Attending ___________________________

Name of Parent / Legal Guardian(if under age 18) ___________________________________________

Phone # ___________________________ Email: ___________________________________________

Allergies and special diets are a common concern of our campers. Our food service providers are experienced
with accommodating most diets, including food allergies, religious restrictions, and other health-related diets.
We are happy to accommodate any diet for religious, medical or allergy needs; however, this form must be
submitted at least three weeks prior to arrival at camp. Please complete and submit this form to Jara Bauer,
Registered Dietitian for Kandle Dining Services at ptac.camping@scouting.org.

While at camp, your child could be served one of many dining styles. He or she may participate in family style dining,
cafe-style dining and/or self-serve bars. It is the camp’s expectation that by sending your child to camp, he or she has
the necessary knowledge of their diet and can manage their food choices. Camp cannot guarantee an allergen free
environment. Careful consideration needs to be taken for campers with severe allergies, particularly those susceptible to
airborne transmission. If your child has a severe allergy or dietary restriction, contact the camp directors to discuss if
camp is properly equipped to manage your child’s needs. While we work to meet all dietary requirements, food is
prepared in an area with milk, eggs, peanut, tree nut, wheat, soy and fish and cross-contamination can occur. In
consideration of the Camper’s participation at camp, the Camper and Parent/Guardian jointly and severally release,
forever discharge, hold harmless, and covenant not to sue, Kandle Dining, or any of their related or affiliated entities (the
“Owasippe Scout Reservation Parties”) with respect to any injury, loss, or damage, to person or property associated with
participation in Owasippe Scout Reservation programs, whether arising from negligence or otherwise (the “Claims”). The
Camper and Parent/Guardian jointly and severally indemnify, defend and hold harmless the Owasippe Scout Reservation
Parties from and against the Claims. The release and indemnity set forth herein shall be unconditional, absolute and
interpreted to the fullest and broadest release and indemnity permitted by law.

Upon arrival at camp and prior to their first meal eaten, it is the Camper’s and Parent/Guardian’s responsibility to identify
themselves to our kitchen staff; then cooperate in helping us meet their need(s).

Please identify and describe dietary restrictions in the space below.

_________________________________________________________________________________________

_________________________________________________________________________________________

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<th>Omitted Foods</th>
<th>Acceptable Substitutions</th>
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Parent / Legal Guardian Signature (if under age 18) ___________________________ Date ___________________________

2019 Owasippe Scout Reservation Special Diet Request Form