

# AGREEMENT TO SELF INSURE

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Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

To Whom It May Concern:

I understand that Camp Sonshine requires attending campers to have health insurance. My child does not have health insurance through an insurance carrier. My signature below confirms that I agree to personally pay for any medical bills incurred during my child's time at Camp Sonshine and indicates that I have sufficient funds to do so.

\_\_\_\_\_  
*(Parent/Guardian Signature)*

\_\_\_\_\_  
*(Date)*