

Camp Paivika 2010

P.O. Box 3367
Crestline, CA 92325
(909) 338-1102

CONSENT AND AGREEMENT FORM

CAMPER'S NAME: _____

MEDICAL CARE, MEDICATIONS AND PROCEDURES: I/We give permission for licensed nursing personnel to administer prescribed and over-the-counter medications and procedures, consistent with the licensure of such nursing personnel as required and as reviewed by physician consultant's treatment orders, including but not limited to the treatment of constipation and the common cold, for me/my child.

In the event of a need for emergency medical care:

I or the undersigned, parent(s)/ guardian(s)/ other person(s) having legal custody or conservatorship of _____, a minor or conserved adult, do hereby authorize any adult person into whose care said minor has been entrusted by a representative of AbilityFirst, a nonprofit corporation, to act as my agent to consent to any x-ray examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care which is recommend by, and to be rendered under the general or special supervision of, any licensed physician and surgeon or dentist, whether such diagnosis and treatment is rendered at the doctor's office or at a hospital.

I/we understand that this authorization is given in advance of any specific diagnostic, treatment or hospital care being required, but is given to provide authority to the above-named agent to give consent to any and all such diagnosis, treatment or hospital care that a licensed doctor or dentist recommends.

This authorization is given pursuant to the provisions of Family Code Section 6910. This authorization shall remain effective until September 30th, 2010, unless sooner revoked in writing delivered to AbilityFirst.

EMERGENCY RELEASE OF CAMPER: In the event that camper must leave camp prior to the end of the camp session for any reason (including, but not limited to, earthquakes, inclement weather posing potential safety risks, staff illness or camper behavioral issues) and I/we, (the parents, legal guardians or conservators) are unable to be contacted, permission is given to **AbilityFirst** to release the camper to the persons listed in the Resident Camp Application under primary and secondary emergency contacts. I/we acknowledge that the persons listed as primary and secondary contacts must be able to present proper identification to **AbilityFirst**, matching his or her name before **AbilityFirst** will release the camper to his or her custody. All primary and secondary emergency contacts must be at least 18 years of age.

RELEASE OF INFORMATION: To the extent permitted by law, I/we give consent to **AbilityFirst** to release any necessary information or documentation to agencies/organizations on behalf of the above named in response to an appropriate request therefore and appropriate assurances of privacy and confidentiality from the agency or organization requesting the information.

PERSONAL PROPERTY: (I/We) recognize that **AbilityFirst** does not accept any responsibility for the care and safekeeping of the clothing and other personal property of the above named camper. I understand that any items I/camper brings to camp (including, but not limited to, cameras, athletic equipment or expensive clothing) are the responsibility of me/camper, and **AbilityFirst** is not responsible for lost items.

PHOTOGRAPHIC RELEASE: I/We hereby give our consent to **AbilityFirst** to photograph and/or make video or audio recordings of the above named camper (my/our son/daughter/charge), (an individual for whom I am an authorized representative) without limitation and to use such photographs, videotapes or audiotapes and my (child's) (charge's) name, likeness and voice and/or any related stories ("Likeness") in connections with any of

the work, programs, projects, fundraising or other endeavors of **AbilityFirst** in any and all media, including without limitation, electronic or digital media, whether known or unknown at this time, forever worldwide and without restriction, without consideration or compensation of any kind. I release, discharge and hold harmless **AbilityFirst** and its affiliates, including, without limitation, its officers, directors, shareholders, employees, agents and contractors (“Released Parties”) from any and all claims and demands arising out of or in connection with the use of my (child’s)(charge’s) Likeness, including slander, libel, invasion of privacy or publicity, and/or copyright infringement (“Release”). This Release applies to me and my heirs, legal representatives and assigns and I/we do hereby release, discharge and hold harmless the Released Parties from any claim or demand whatsoever arising out of or in connection with such use. I/We hereby represent that I/we have the authority to grant the rights referenced herein.

CAMP ACTIVITIES: (I/We) hereby give consent for camper to attend camp at an altitude of 5,365 feet per physician’s authorization, which I hereby confirm was obtained, and to participate in the following camp activities, which may be offered at camp:

*Please note, camp staff will carefully observe activity restrictions. **Please ensure that each box is marked if you want your camper to participate in the corresponding activity while at camp.** Your camper will not be permitted to participate in any activity for which the corresponding box is not marked.*

- () Short Hikes: *Most hikes take place on paved or even surfaces where most wheelchairs can be pushed or navigated independently. Please keep in mind that camp is at an elevation of 5,365 feet.*
- () Adaptive Sports & Recreational Games: *All activities are adapted to the ability level of each camper and supervised and supported by camp staff as needed.*
- () Lake Trip (swimming & paddleboats at Lake Gregory): *Teens & adults only. Swimming & all activities supervised by camp staff with life jackets worn as needed. Lifeguard on duty at all times. Lake trips are subject to weather conditions, safety considerations and scheduling.*
- () Swimming in 85° pool: *Lifeguard on duty at all times & camp staff provide in-water support as needed including one-to-one assistance if required. Lifejackets and other flotation devices are available.*
- () Horseback Riding: *Campers wear a riding helmet and safety belt. All campers will be supported by camp staff walking on both sides of the horse providing assistance as needed. PLEASE NOTE that in order to participate, campers must be capable of sitting upright independently and capable of being safely transferred on and off of the horse by camp staff. In order to insure the safety of both campers and staff, there is a weight limit of 200 lbs. for participants.*
- () Overnight Camp Outs: *Teens & adults only. Campouts take place on grassy lawn area adjacent to the Camp Lodge and mattresses are provided. Campouts are subject to weather conditions, safety considerations and scheduling.*

I/We hereby give consent for camper to engage in activities and/or programs in areas other than the campsite, and be transported in agency and/or rental vehicles.

AGREEMENT: I/We verify that the information included in this application has been filled in as completely as possible and that the information is true to the best of my/our knowledge.

VACATION INFORMATION

Will Parents (or Legal Guardian(s)/Conservator(s) be out of town while camper is at camp? YES () NO ()

If YES, where?

Address

Telephone

Cell Phone

Cell Phone

Other Information:

Please sign in appropriate area:

MINOR CAMPER LIVING WITH PARENT (S)

Signature

Signature

Date

Printed Name of Father

Printed Name of Mother

PARENT WITH LEGAL CUSTODY (If separated or divorced)

Signature

Mother () Father ()

Date

Printed Name of Mother or Father

ADULT CAMPER LEGALLY RESPONSIBLE FOR HIS/HER OWN CARE

Signature

Date

IMPORTANT: Campers who are 18 years of age or older and who are not legally conserved must sign for themselves in this section.

Signature

Date

Printed Name of Witness

GUARDIAN(S)/CONSERVATOR(S)

Signature(s)

Date

Printed Name of Legal Guardian

IMPORTANT: Campers who are 18 years of age or older and who **are not** legally conserved must sign for themselves in the above section.

Signature(s)

Date

Printed Name of Legal Conservator