

# CAMP CELEBRATE

## MAY 19-21, 2023

Dear Camper's and Parents,

It is once again time for Camp Celebrate 2023! Your Registration Packet is attached to this letter. There are a number of pages, so make sure you print them all! Please pay special attention to each page, as each camper must have everything completed in order to attend camp. **The first step is to schedule your pre-camp physical.** Free physicals can be arranged through your local health department.

Pages 2-3	Registration All Camper's	Parent/Guardian complete for camper	Please be sure to complete section in blue regarding family picnic on Sunday
Pages 4-6	Health Form All Campers	Parent/Guardian complete for camper	This must be complete for camper to attend camp.
<b>*Page 6</b>	<b>All Camper's</b>	<b>*Healthcare Provider complete*</b>	<b>Schedule a physical right away! Have them fill out the bottom of page 6. We need this form by May 3rd. Call us if you have questions!</b>
Page 7	All Camper's	Camper and Parent/Guardian must sign	Please discuss this page with your child/camper.
Page 8-9	All Camper's	Parent/Guardian to sign	Pictures and information regarding your camper are used on the Bum Center webpage, for media coverage regarding camp and for professional presentations. The Burn Center is very protective of its patients and their personal health information. If you have any concerns regarding this release, please contact our staff.
Page 10	All Camper's	Camper and Parent/Guardian must sign	Individual Fire Departments are responsible for the campers they carry on their trucks to camp. A minimum of 2 campers will be on each truck.
Page 11	Camper's Ages 13-18	Camper and Parent/Guardian must sign	Please sign even though your child may say they are not interested in participating. Part of the goal for Camp Celebrate is to encourage campers to face their fears. However, please know that we do not force anyone to participate in this activity.

***\*\*Please complete the entire Registration Packet and return by May 3, 2023!***

### APPLICATIONS DUE MAY 3, 2023

Return all forms ASAP via email, mail, or fax.

Email: [Maria\\_Albani@med.unc.edu](mailto:Maria_Albani@med.unc.edu)

Fax: 919-445-9704 (If you fax, please email us to confirm receipt!)

**Mailing Address:**  
**Camp Celebrate**  
**101 Manning Dr. CB#7600**  
**Chapel Hill, NC 27599**

**CAMPER REGISTRATION FORM**

Camper's Full Name: \_\_\_\_\_ Name Called: \_\_\_\_\_  
(First) (MI) (Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  Male  Female Preferred Pronouns: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City/State/Zip Code

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_  
(If different from Camper) Street City/State/Zip Code

Phone: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_

Is the cell phone a "smart" phone? \_\_\_Yes \_\_\_No Can you receive Text alerts on your phone? \_\_\_Y \_\_\_No

Email: \_\_\_\_\_

Emergency contact (other than parent/guardian): Name: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alternate number: ( ) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**Transportation:**

Who is bringing your child to Check-In?

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Who will pick up your child at the end of camp?

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Is anyone else authorized to pick up your child from camp?  Yes  No

If yes, who?

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\*\*IMPORTANT NOTE!\*\*\***

***We do not want any child to miss coming to Camp Celebrate because of lack of transportation!  
We do not provide transportation to camp. However, if you need assistance,  
we can put you in contact with other parents from your area.  
If you have questions or would like to discuss your transportation needs,  
please contact the Aftercare Office at 919-962-8427***

Camper Name: \_\_\_\_\_  
First Middle Last

In order to ensure that your child feels respected and to maximize their camp experience, please help us to know him/her better.

What language does your child speak? \_\_\_\_\_

Is this your child's first time away from home?  Yes  No

Has your child ever been to an overnight camp?  Yes  No

Has your child ever been to Camp Celebrate?  Yes  No

If yes, what years? \_\_\_\_\_

How well can your child swim?  Does not swim  Not well  ok  Good  Very Well

Please tell us anything you think is important for us to know about your child while at camp.

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Camper's **T-shirt size**: *Shirts are ordered on May 3rd, applications received late may result in your camper not having the correct size of shirt*

Youth Medium  Youth Large

Adult Small  Adult Medium  Adult Large  Adult Extra Large  Adult 2X Large  Adult 3X Large

Shoe Size: *Please indicate shoe size in youth or adult* \_\_\_\_\_ Youth \_\_\_\_\_ Adult

**\*\*\*Sunday Family Picnic\*\*\***

***Each camper's immediate family is invited to join us for lunch on Sunday, the last day of Camp Celebrate! It is important that we know exactly how many people will be attending. (not including your camper). Please arrive at 11am.***

**Our family plans to have lunch at Camp Celebrate on Sunday May 21, 11am**  Yes  No

**Number of adults who will be attending:** \_\_\_\_\_

**Number of children over age 6 attending (NOT including camper):** \_\_\_\_\_

**Number of children 6 and under attending:** \_\_\_\_\_



**UNC**  
 NORTH CAROLINA  
 JAYCEE BURN CENTER

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Age on arrival at camp: \_\_\_\_\_

**HEALTH FORM**

All campers are **required** to have a completed health form.

Family Physician: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Dentist/Orthodontist: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is Camper covered by family medical insurance?  Yes  No

Insurance Co: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy # \_\_\_\_\_

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter camp participation. **Remember to send ADHD medications with your camper for the weekend!**

Activity Restrictions:

Dietary Restrictions:

Medical Treatments:

**EMERGENCY AUTHORIZATION:**

I hereby give my permission to the medical staff at *Camp Celebrate* to order xrays, routine tests, and routine treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery for my child named above. I understand and accept that UNC Hospitals and *Camp Celebrate* may use Personal Health Information (PHI) for purposes of treatment, payment, and health care operations. I hereby give permission for necessary PHI to be released to insurance carriers, health care treatment facilities, and other professionals. This includes PHI from pharmacies, hospitals and clinics.

Signature of parent/guardian, or adult camper / staffer: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_  
First Middle Last

**HEALTH HISTORY** (To be completed by parent/guardian)

**ALLERGIES:** Does your child have any known drug, food or environmental allergies?  Yes  No  
 (medications, peanuts, poison ivy, bee stings, etc)  
 If yes, please list and reaction:

**IMMUNIZATIONS:** Were immunizations completed prior to entrance to school?  Yes  No  
 Month/Year of last Tetanus immunization (DPT,DT,T) \_\_\_\_\_  
Month Year

**General health history: check "yes" or "no" for each statement. Explain "yes" answers below.**

Has/does the camper have?	YES	NO	Has/does the camper have?	YES	NO
1. Chronic or recurrent illness?	<input type="checkbox"/>	<input type="checkbox"/>	15. Fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Illness lasting over one week?	<input type="checkbox"/>	<input type="checkbox"/>	16. Concussion/unconsciousness?	<input type="checkbox"/>	<input type="checkbox"/>
3. Hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>	17. Heat stroke/exhaustion/problem with heat?	<input type="checkbox"/>	<input type="checkbox"/>
4. Surgery?	<input type="checkbox"/>	<input type="checkbox"/>	18. Sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
5. Recent infectious disease or head lice?	<input type="checkbox"/>	<input type="checkbox"/>	19. Nose bleeds?	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent injury?	<input type="checkbox"/>	<input type="checkbox"/>	20. Frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
7. Asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	21. Intolerance to strenuous exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	22. Emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Seizures?	<input type="checkbox"/>	<input type="checkbox"/>	23. Behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Frequent Headaches/Migraine?	<input type="checkbox"/>	<input type="checkbox"/>	24. Bedwetting problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Orthopedic injury/abnormality?	<input type="checkbox"/>	<input type="checkbox"/>	25. ADD/ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
12. Problems with heart/blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	26. Wear glasses/contacts?	<input type="checkbox"/>	<input type="checkbox"/>
13. Chest pain with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Wear braces/appliances?	<input type="checkbox"/>	<input type="checkbox"/>
14. If female, problems with periods/menstruation?	<input type="checkbox"/>	<input type="checkbox"/>	28. Had a significant life event that continues to affect the camper's life?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all "yes" answers:

Date of Burn Injury: \_\_\_\_\_ / \_\_\_\_\_ Age at time of Burn Injury: \_\_\_\_\_ area(s) of body burned: \_\_\_\_\_  
Month / Year

Where did your child receive treatment for his/her burn injury?

- UNC North Carolina Jaycee Burn Center  Wake Forest University Baptist Medical Center  
 Other \_\_\_\_\_

Does your child currently wear pressure garments?  Yes  No  
 If yes, please send these to camp and outline wearing instructions here:

Does your child use creams or lotions on his/her skin?  Yes  No  
 If yes, please send these to camp with your child and outline type, location and frequency of applications:

Does your child wear a splint, prosthesis, or an orthopedic device?  Yes  No  
 If yes, please send these to camp with your child and outline type and wearing schedule:

Will your child have any wound care/therapy needs other than creams/lotion/sunscreen?  Yes  No  
 If yes, please bring wound care supplies with your child to camp and outline instructions here:

Camper Name: \_\_\_\_\_  
First Middle Last

**HEALTH HISTORY** *continued*

- Medication:**     This camper will not take any daily medications while attending camp.  
                        This camper will take the following daily medication(s) while at camp:

**\*\*In order for your child to get the most out of the camp experience, please send your child to camp with his/her medications, ESPECIALLY ADD/ADHD medications. All medication must be listed below (use back of form if more room is needed) and provided by parent/guardian in a container properly labeled by a pharmacist with identifying information (eg the name of the child, medication dispensed, dosage required, and the time and route it is to be given.) Provide enough of each medication for the entire weekend!**

Name of medication	Reason for taking it	When it is given	Amount or dose	How given
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

**Parent Permission:**  
 I hereby give my permission for my child \_\_\_\_\_ to receive medication during camp. The above medication(s) has been prescribed by licensed medical provider. Medications listed below are non-prescription and would only be given as needed for illness/injury. I hereby release UNC Healthcare and their agents/employees from any and all liability that may result from my child taking medication at camp.  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following non-prescription medications may be stocked in the Camp Celebrate Health Center and are used on an as needed basis to manage illness and injury. **Cross out/highlight those this camper should not be given.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Phenylephrine decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)
Antihistamine/Allergy medicine (Zyrtek, Claritin)	Guaifenesin cough syrup (Robitussin)
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (RobitussinDM)
Sore throat spray	Generic cough drops
Lice shampoo or cream (Nix or Elimite)	Antibiotic Cream
Calamine Lotion	Aloe
Laxatives for constipation (Ex-Lax, )	Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

\*\*\*\*\*  
**\*\*\*To Be Completed by Medical Provider\*\*\***

**Health Care Recommendations by Licensed Medical Personnel (signed within 12 months of examination).**

I have examined the above camp participant. Date of last examination \_\_\_\_\_

In my opinion, the above applicant \_\_\_\_\_ is, \_\_\_\_\_ is not able to participate in an active camp program.

**Please list any medical information the camp medical staff should be aware of regarding this camp participant:**

**Signature of Licensed Medical Personnel** \_\_\_\_\_  
 Printed \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Date: \_\_\_\_\_



## CAMPER ACKNOWLEDGEMENT

I affirm my understanding that the activities at Camp Celebrate are mostly held out of doors. I understand that in the woods, as in other outdoor settings, there are natural risks (tripping over tree roots, mosquito bites, etc.) and that for the duration of these activities there will be no one at camp except my fellow participants and the camp staff. **I also understand that all bags will be searched upon arrival and departure to provide a safe environment, free of drugs or weapons, for all campers and counselors.**

I additionally affirm my understanding of the goals, rules, and standards stated below:

- To have a good time
- To work with the group as a team
- To challenge myself, to try things I'm not sure I can do
- If I have a problem or concern, I will talk to my counselor, cabin leader, or other adult

### STANDARDS AND RULES

- I will not use alcohol, tobacco, or drugs at Camp Celebrate
- I will not use foul language
- I will be on time for all scheduled meetings and events
- I will not throw my trash on the ground, I will place it into a suitable trash container
- I will not use any equipment without proper supervision
- I will follow all safety guidelines given by the staff
- I will not take any clothes, money, or other stuff that does not belong to me
- I will respect the personal space of other campers and adults
- I will observe lights out, and not leave my cabin or tent after hours

I agree to abide by these goals, standards, and rules. I understand that I may be dismissed (sent home) from Camp Celebrate for refusing to follow any of the above.

\_\_\_\_\_  
Signature of Participant/Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print name of participant/camper)

My child has read and understands the above goals, standards, and rules. I understand the above goals, standards, and rules. **I understand that if my child's behavior does not meet these standards at any time during the weekend that I am responsible for transporting them home.**

Parent Signature/Date \_\_\_\_\_ / \_\_\_\_\_

## Authorization for Education, Fundraising and Marketing / Public Relations Purposes - Photo, Video and Other Protected Health Information (PHI)

HIM# 739s

<i>Patient's Name (print)</i>	<i>Date of Birth</i>	
<i>Patient's Address</i>	<i>City</i> <i>State</i> <i>Zip</i>	
<i>Phone #</i>		
<b>I AUTHORIZE THE RELEASE OF MY PHI FROM:</b> <b>North Carolina Jaycee Burn Center/Aftercare/Camp Celebrate</b>		
<i>Name of UNC Health Hospital, Clinic or UNC Physicians Network Clinic that may release my PHI:</i>		
<b>I AUTHORIZE THE RELEASE OF MY PHI TO:</b> <i>(check the purpose for the release, then describe the intended use of PHI and print name of the entity and/or individual that will receive PHI with contact information listed for the entity and/or individual.)</i>		
<input type="checkbox"/> <b>Marketing Public/Relations:</b> If the purpose of the release is for Marketing/Public Relations Describe marketing/public relations activities: _____ _____  <i>Print name and contact information of individual or department performing marketing services:</i> _____		
<input type="checkbox"/> <b>Fundraising:</b> If the purpose of the release is for fundraising: Describe fundraising activities: _____ _____ _____  <i>Print name and contact information of entity performing the fundraising activity:</i> _____		
<input type="checkbox"/> <b>Education:</b> If Release is for educational purposes: My PHI may be used for education offered or directed by my UNC Health physician or provider in any format or forum which may include but not be limited to publication in written or online media, books, calendars or journals, classroom instruction and/or medical training at UNC Health or other educational institutions, and/or at local national and global conferences or other professional or educational events.  <i>Print name and contact information of physician and/or department that will receive PHI:</i>  <u><b>NORTH CAROLINA JAYCEE BURN CENTER/AFTERCARE/CAMP CELEBRATE</b></u>		
IF RELEASE IS FOR EDUCATIONAL PURPOSES A COPY MUST BE SENT TO UNC HEALTH HIM DEPARTMENT FOR PLACEMENT INTO THE PATIENT'S CHART.		
<b>INFORMATION THAT CAN BE RELEASED:</b> If specific dates only, list dates: _____		
<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> <b>Video and/or photograph(s) of me which may include my face and images or video of procedures or treatment I have received</b>	<input type="checkbox"/> Testimonials <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment Information <input type="checkbox"/> Prognosis <input type="checkbox"/> Physician or care giver's name(s)	<input type="checkbox"/> Name of facility, hospital or clinic where treatment was received <input type="checkbox"/> Other (describe in detail): _____ _____ _____ _____ _____  <b>I further authorize the release of the following information which may be included in my PHI:</b> <input type="checkbox"/> Mental Health/Psychiatric Treatment <input type="checkbox"/> Alcohol or Substance Abuse Treatment <input type="checkbox"/> STD/HIV/AIDS Treatment(s) or Test(s) <input type="checkbox"/> Genetic Testing







## Authorization for Education, Fundraising and Marketing / Public Relations Purposes - Photo, Video and Other Protected Health Information (PHI)

I will not receive remuneration for releasing my PHI for the purpose(s) listed above.

I hereby release UNC Health and its affiliates and employees from any and all liability that may arise from the release of my PHI as authorized by this form.

I have the right to revoke this Authorization at any time if I do so in writing and address it to the person or institution named above. The revocation will not apply to any information already released as a result of this Authorization.

I may refuse to sign this Authorization, and I cannot be denied or refused treatment if I refuse to sign and my refusal to sign this Authorization will not affect my treatment, payment, enrollment or eligibility for benefits or the quality of care I receive.

Once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by the federal medical privacy laws and could be re-disclosed by the person or agency that receives it.

This Authorization shall not have an expiration date and shall remain in effect unless and until I provide my written revocation made to the UNC Health office, facility or health care provider listed above.

My signature below indicates that I am giving permission for the use and disclosure of the PHI described above.

<i>Signature of Patient</i>	<i>Date</i>	<i>Time</i>
<i>OR Signature of Authorized Representative</i>	<i>Date</i>	<i>Time</i>
<i>Printed Name of Authorized Representative</i>	<i>Phone Number of Authorized Representative</i>	
<i>Explain Representative's authority to act on behalf of the Patient:</i>		



# CAMP CELEBRATE

## CONSENT FOR PARTICIPATION IN PARADE May 19, 2023

The University of North Carolina Hospitals (“UNC Hospitals”) conducts a camp for pediatric burn survivors called “Camp Celebrate”. As part of the opening ceremonies for camp, campers are invited to ride a fire truck in a parade to the camp location. This parade will occur on Friday, May 19, 2023, beginning at the Triangle Town Center Mall in Raleigh, NC and ending at Camp Kanata in Wake Forest, NC. The parade will last approximately one hour. As part of the parade, campers will be offered the opportunity to ride in a municipal fire truck operated by fire and rescue personnel from the municipality owning each vehicle.

I hereby give consent for my child, \_\_\_\_\_, to participate in the Camp Celebrate fire truck parade described above. I specifically consent to, and authorize, UNC Hospitals and the individual fire department(s) to escort my child in this parade and I authorize my child to ride in a municipal fire truck in the parade.

I understand that there are certain risks involved in transporting children, including general risks such as injuries from traffic hazards and other inherent risks of transport in a parade. By signing below, I acknowledge these risks, and I hereby request and authorize UNC Hospitals to do what is medically necessary and appropriate for treating any injuries which might occur.

By signing below, I hereby grant permission for my child to participate in the Camp Celebrate fire truck parade as described above.

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



13524 CAMP KANATA RD. | VOICE 919-556-2661  
 WAKE FOREST, NC 27587 | FAX 919-556-9459  
[www.campkanata.org](http://www.campkanata.org)

**Low and High Ropes Challenge Course Waiver    age 13 and over only**

This form must be completed and returned prior to participation on the Camp Kanata Ropes Challenge Course. Participants under 18 years of age must have a parent or guardian signature also.

*PLEASE TYPE OR PRINT*

Participant Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 If under 18 name of Parent or Guardian: \_\_\_\_\_  
 Emergency Contact Name and Phone Numbers: \_\_\_\_\_  
 Physical limitations/allergies/medications: \_\_\_\_\_  
 \_\_\_\_\_

*PLEASE READ CAREFULLY*

**ACKNOWLEDGEMENT OF RISKS**

I understand and acknowledge that the ropes course program I am about to voluntarily participate in bears certain risks which could result in injury, death or disability. These risks include but are not inclusive of (1) injury or death due to falling and/or sudden collision with the ground, objects, or persons, lightning, bee stings, heart attack, severe allergic reactions: (2) acts or omissions, negligent in any degree, of Camp Kanata, YMCA of the Triangle Area, their officers or employees: (3) defects or conditions in equipment supplied by Camp Kanata: (5) acts of other participants: (6) my own physical condition, or my own acts or omissions: (7) first aid, emergency evacuation, or treatment. I understand and acknowledge that this list is incomplete, and that other unknown risks may also result in injury, death, or disability.

*Acceptance of Risk and Responsibility*

Being aware that this activity entails risks, I agree and promise to accept and assume all responsibility and risk for injury, death, or disability arising from my participation in this activity. I elect to participate in spite of the risks and do so voluntarily.

*Release and Discharge of Liability*

I hereby voluntarily release and forever discharge Camp Kanata, The YMCA of The Triangle Area, their employees, officers, trustees, and all other persons or entities, from any and all liability claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity.

*Authorization for Emergency Medical care*

If I am rendered unable to communicate by an emergency or accident, I hereby give permission to staff present to give first aid, to secure treatment, to hospitalize, and to take whatever actions are deemed appropriate to treat me.

**Agreement to Listen carefully to and abide by all Safety Standards**

I agree to listen carefully to, seek full understanding of, and to actively enforce and promote for myself and others all safety standards and information as will be explained prior to and during activities.

**MY/OUR SIGNATURE(S) BELOW INDICATES THAT WE HAVE READ FULLY AND UNDERSTAND COMPLETELY THIS DOUMENT, AND AGREE TO BE BOUND BY ITS TERMS:**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



# "CAMP CELEBRATE" PARTICIPANT RELEASE FORM

I ACKNOWLEDGE THAT, BY SIGNING THIS RELEASE, I AM RELEASING THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM, THE UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL, THE UNC JAYCEE BURN CENTER, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES OCCURRING AT THE "CAMP CELEBRATE" EVENT (THE "EVENT"), REGARDLESS OF WHETHER SUCH ACTIVITY IS SPECIFICALLY IDENTIFIED HEREIN. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

In consideration of the acceptance of \_\_\_\_\_  
(Participant's name) to participate in the Event, I hereby freely agree to and make the following contractual representations and agreements:  
I acknowledge that camping and other associated activities are inherently dangerous activities and FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND CAMPER'S PARTICIPATION IN THE EVENT, INCLUDING, for example (but not limited to): THE RELEASEES' OWN NEGLIGENCE, the negligence of others, and weather conditions; strenuous exertions of various muscles placing stress on the muscles, bones, and joints; sustained physical activity placing stress on the heart, arteries, and blood pressure; minor injuries such as soreness, sprains, strains, and bruises, and the possibility of serious physical and/or mental trauma, injury, or death associated with the Event. For myself and Camper, our heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively, "Successors"), I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT SUE the Releasees and the organizer of the Event and any property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with the Event, and their respective agents, officials, and employees, (the foregoing are also collectively deemed to be Releasees) FROM ANY AND ALL RIGHTS AND CLAIMS, INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW, which I have or which may hereafter accrue to me, Camper, and/or any of either of our Successors (collectively, "Releasers"), and from any and all damages that may be sustained by any Releasor directly or indirectly in connection with, or arising out of, Camper's or my participation in or association with the Event, or travel to or return from the Event.

I understand that I am responsible for my own and Camper's conduct and decisions while participating in the Event and agree that this Release shall apply to any claim arising out of my or Camper's participation in all activities in the Event. I agree it is my and Camper's sole responsibility to be familiar with the Event course and agenda, the Releasees' rules, and any special regulations for the Event, and I agree we will comply with all such rules and regulations. I understand and agree that situations may arise during the Event that may be beyond the control of the Releasees, and that I and/or Camper must continually participate so as not to endanger ourselves or others. Neither I nor Camper have any medical or physical condition that, to my knowledge, could endanger ourselves or others if I or Camper participate in the Event, or could interfere with my or Camper's ability to safely participate in the Event. To the extent I am or Camper is using our own equipment while participating in the Event, such equipment will be in proper working equipment.

I agree, for myself, Camper and our Successors, that the above representations are contractually binding, and are not mere recitals, and

that should I, Camper or our Successors assert any claim contrary to what is agreed to in this Release, the claiming party shall be liable for the expenses (including legal costs and attorneys' fees) incurred by the Releasees in defending such claim. This Release may not be modified orally or otherwise, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein, or as a consent to any subsequent waiver or modification.

I consent to the release by any third party to Releasees and their insurance carriers of my and/or Camper's name and medical information that may relate solely to any injury or death suffered arising from the Event.

Every term and provision of this Release is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/PARENT                      DATE

TODAY'S DATE \_\_\_\_\_

NAME OF PARTICIPANT (print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

AGE ON DAY OF EVENT \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_