

# CAMP CELEBRATE

## MAY 17-19, 2024

Dear Camper's and Parents,

It is once again time for Camp Celebrate 2024! 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>MUST BE BETWEEN 5/19/23-5/19/24</b>	<b>Schedule a physical right away! Have them fill out the bottom of page 6. We need this form by May 1st. Call us if you have questions!</b>
Page 7	All Camper's	Camper and Parent/Guardian must sign	<b>Please discuss this page with your child/camper.</b>
Page 8	All Camper's	Parent/Guardian to sign	Pictures and information regarding your camper are used on the Burn 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 9	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.
Page 10	All Campers	Parent/Guardian must sign	Participation Release Form

***\*\*Please complete the entire Registration Packet and return by May 1st, 2024!***

### APPLICATIONS DUE MAY 1ST, 2024

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

Email: [Maria\\_Al bani@med.unc.edu](mailto:Maria_Al bani@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**

**CAMP  
CELEBRATE MAY  
17-19, 2024**

**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 1st, 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 19th, 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.

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Signature of Participant/Camper

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Date

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(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 \_\_\_\_\_/\_\_\_\_\_

The North Carolina Jaycee Burn Center is dedicated to the care and support of burn survivors and their families as inpatients, outpatients and beyond. While Burn Aftercare events/programs are not considered treatment events or health care services, they are considered an ongoing resource for the burn survivor community to continue to find support from staff, connection with other burn survivors, and education to continue to develop strategies to for successful and fulfilling life after a burn injury. In order to meet the needs of survivors, The North Carolina Jaycee Burn Center strives to develop a variety of resources to reach burn survivors beyond the health care setting and throughout their healing journey. These resources are made available to survivors, families, volunteers and donors and include images of survivors and families who participate in aftercare programming. Safety is always the top priority for the Burn Center and its staff, both at events and with respect to how we utilize images of our participants. The North Carolina Jaycee Burn Center is very sensitive to the protection of all our survivors, particularly our children. Therefore, participant images are utilized in a way to provide support to survivors and their families, to promote the work of the North Carolina Jaycee Burn Center and its aftercare programs, to recruit survivors for Aftercare Programming, and to educate other burn professionals about the ongoing needs of burn survivors.

**NORTH CAROLINA JAYCEE BURN CENTER VIDEO/PHOTOGRAPH RELEASE FORM**

I hereby grant The University of North Carolina Health Care System and its affiliates (collectively, “UNC Health” or the “Company”) the irrevocable right and permission to make and/or use photographs and/or video recordings (collectively, “Recordings”) of the participant identified below (“Participant”) arising from Participant’s participation in North Carolina Jaycee Burn Center events (including, but not limited to, Camp Celebrate). Such Recordings may be used on Company’s and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me or Participant. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files, are and shall remain the sole property of the Company.

I understand and agree that such photographs and/or video recordings of Participant may be placed on the Internet. I also understand and agree that Participant may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of Participant. I understand and agree that neither I nor Participant will have an opportunity to review the final products before they are published or distributed.

I, on behalf of myself and Participant, hereby release, acquit and forever discharge Company, and its current and former trustees, agents, officers, employees, and affiliates, from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I acknowledge that my participation in the photo and video portions of North Carolina Jaycee Burn Center events is completely voluntary, as is my consent to this release. I understand that no action will be taken against me or Participant should Participant decline to participate in the photo/video portions of these events.

This release is binding on me, Participant, and our heirs, assigns and personal representatives.

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

Agreed and accepted:

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory





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 DOCUMENT, 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, "Releasors"), 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 \_\_\_\_\_