

Dan Hebert Camp Hope
1632 Ainsdale Drive
Roseville, CA 95747

Dear Parent or Guardian,

Thank you for your interest in Camp Hope. Enclosed please find the registration form and all release forms necessary to apply for our Camp Hope weekend camp.

Please mail all forms to:

Camp Hope
1632 Ainsdale Drive
Roseville, CA 95747

Once we receive all completed forms a Camp Hope representative will call you to talk about your child's journey through grief. The representative will also provide you with information about what to expect during the Camp Hope weekend. If, after the conversation, both parties feel that Camp Hope would meet the needs of the child then a spot will be held for that child and you will receive a confirmation email.

About the camp weekend:

Camp weekend begins with registration at 4:00 pm on Friday. Parents/guardians are expected to provide their own transportation. Please arrive on-time so your child can join with the other campers in their cabin groups. All parents/guardians are expected to attend our closing ceremony on Sunday morning.

Camp has limited camper spaces so we encourage you to apply as soon as possible. We look forward to creating a memorable and healing weekend for your camper(s).

Sincerely,

Lynn Hebert and Leslie Wilson
Camp Hope Co-Founders



**1632 Ainsdale Drive
Roseville, CA 95747
Tel: (916) 772-1400
Fax: (916) 772-3588
www.CampHopeCA.com**

Camp Hope Reunion Camp Registration Form

Parent/Guardian Name: _____

Camper Name: _____ Birthdate _____ Age _____

Grade: _____ Date of last Camp Hope you attended: _____

Address: _____

Street

City

State

Zip

Phone: _____ Email: _____

Name of the Person who Died: _____ Age of person: _____

Relationship to camper: _____ Date of death: _____

Cause of Death: _____

Did the child live with the person who died? _____

Did the child witness the death, please explain? _____

What changes have you seen in your child since they attended Camp Hope (e.g. behaviorally, in school, socially, emotionally)?

Has your child been in any support groups or sought counseling since they attended Camp Hope?
If yes, please explain.

Other changes in the child's life since attending Camp Hope (divorce, separation, new house, job change, other deaths)?

Camper's t-shirt size: Youth medium large

Adult small medium large x-large

Does your child have any dietary needs (e.g. vegetarian)_____

Camper's Signature: _____

Parent/Guardian Signature: _____

Relationship to Camper: _____

DAN HEBERT CAMP HOPE
LIABILITY RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT

In consideration for permission to attend Dan Hebert Camp Hope (“DHCH”) and participate in DHCH activities (“Camp Activities”), the undersigned agrees to the following:

1. ASSUMPTION OF RISK

The undersigned guardian of _____ (“Camper”), a minor, represents that Camper is physically sound, and has medical approval to attend DHCH and participate in Camp Activities, which include, without limitation, hiking, swimming, sports, games and other activities, which are hazardous and can result in physical or emotional injury, paralysis or DEATH of Camper, as well as property damage or injury to third parties. The undersigned represents that Camper has had a medical evaluation prior to attending DHCH. If Camper has not had a medical evaluation and obtained medical approval to attend DHCH and participate in Camp Activities, the undersigned assumes the risk of Camper’s medical condition not being adequate to participate at DHCH or in Camp Activities. **BY SIGNING THIS AGREEMENT, THE UNDERSIGNED VOLUNTARILY AND FREELY CHOOSES TO ASSUME ALL RISKS AND DANGERS OF CAMPER’S PARTICIPATION AT DHCH AND IN CAMP ACTIVITIES ON BEHALF OF CAMPER.**

Undersigned’s Initials

2. ACKNOWLEDGMENT

The undersigned acknowledges that Camper’s attendance at DHCH and in Camp Activities is voluntary, and involves known and unknown risks which could result in physical or emotional injury, paralysis or DEATH of Camper, as well as property damage or injury to third parties. The undersigned understands that such risks cannot be eliminated without removing the essential character of DHCH and the Camp Activities. Some of these risks include, without limitation, physical injury, exposure to harsh weather and temperature, the presence of insects and wildlife, heat or sun related injuries including sunburn, sunstroke and dehydration, broken bones, and other risks and hazards. The undersigned expressly agrees and promises to accept and assume all of the risks of attending DHCH and participating in Camp Activities on behalf of Camper, and that the undersigned is willing to assume and bear the costs of all risks that may be created by any known or unknown medical or physical condition of Camper. The undersigned expressly agrees and voluntarily assumes all risks of loss, damage or injury, including DEATH, that may be sustained by Camper or to any property arising out of or in connection with DHCH or the Camp Activities.

Undersigned’s Initials

3. RELEASE FROM LIABILITY

The undersigned hereby agrees for him/herself, his/her heirs, executors, administrators, successors and assigns to release, waive, discharge, relinquish and release DHCH from any and all liabilities, claims, demands, actions and causes of action for ordinary negligence, personal injury, property damage or wrongful death occurring to Camper that may arise as a result of Camper attending DHCH and/or engaging in Camp Activities.

Undersigned’s Initials

4. PROMISE NOT TO SUE

THE UNDERSIGNED, BY SIGNING THIS AGREEMENT, AGREES NOT TO SUE DHCH FOR ANY ACTIONS, CLAIMS OR DAMAGES, DAMAGES IN LAW OR REMEDIES IN EQUITY OF WHATEVER KIND, AND TO EXEMPT AND RELIEVE DHCH FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CLAIMS CAUSED BY THE NEGLIGENCE OF DHCH OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

Undersigned’s Initials

DAN HEBERT CAMP HOPE
LIABILITY RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT
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5. INDEMNITY AGREEMENT

The undersigned agrees for his/herself and his/her heirs, not to sue DHCH and to indemnify and hold DHCH harmless from any loss, claim, action, or proceeding initiated by me or another person or entity, including demands, judgments, costs, loss of services, expenses, or attorneys' fees and costs from activities discussed in this agreement.

Undersigned's Initials

6. CONTINUATION OF OBLIGATIONS

The undersigned agrees for his/herself and his/her heirs, that all of the provisions of this agreement shall continue in full force and effect now and at all future times when Camper is attending DHCH or involved in Camp Activities. In the event of any dispute or controversy over this agreement, its interpretation, application or expiration, the dispute and/or controversy will be resolved by binding arbitration proceedings conducted by the American Arbitration Association ("AAA") in San Diego, California, pursuant to the commercial arbitration AAA rules then in effect.

Undersigned's Initials

By signing this agreement, the undersigned acknowledges that "DHCH" includes all agents, employees and volunteers of DHCH.

This agreement shall be governed by and construed in accordance with the law of the State of California.

The undersigned hereby understands and agrees that all of the undersigned's and all of Camper's rights under Section 1542 of the California Civil Code are expressly waived by this agreement and this agreement releases all injuries, damages or losses to the person and property, real or personal, whether known or unknown, foreseeable, unforeseeable, which he/she may have against another party or party also hereby released.

BY SIGNING BELOW, the undersigned attests that (i) he/she has **carefully read and fully understands** the entire contents of this agreement, (ii) understands that this agreement is a **Release of Liability, Assumption of Risk, Promise Not to Sue and Indemnity agreement** and (iii) signs this agreement of his/her own free will on behalf of Camper.

The undersigned must complete ALL fields below:

CAMPER:

Signature: _____
Camper's Name: _____
Relationship to Undersigned: _____
Date of Birth: _____

GUARDIAN:

Signature: _____
Print Name: _____
Date: _____
Phone: _____
Address: _____

Additional emergency contact and phone:

DAN HEBERT CAMP HOPE - CAMPER HEALTH HISTORY FORM
This form to be filled in by guardian — PLEASE COMPLETE BOTH SIDES IN FULL

Camper Name _____ **Campers Birth Date:** _____

Guardian: _____ **Person(s) who died:** _____

Additional Emergency Contact: _____ **Emergency Contact's Number:** _____

Health Conditions (Check all that apply)

Asthma _____ Diabetes _____ Colds (frequent) _____ Ear infections (frequent) _____ Epilepsy _____
Heart Defect/Disease _____ Headaches (frequent) _____ Hepatitis _____ HIV _____ Physical Handicap _____
Operations or serious injuries (include dates) _____
Other conditions _____

Allergies (Check all that apply)

Medications (please be specific) _____
Food _____
Insect stings/bites _____ Hay fever/sinus _____ Poison Oak _____

Immunizations current? Yes No Date of last tetanus _____ **Date of last TB Test** _____

Any medically prescribed meal plan or dietary restrictions? _____ Behavior or emotional problems/treatment? _____

Additional information/treatment on any of the above or other chronic/recurrent conditions? _____

Family Physician/Pediatrician: _____ Phone No. _____

Do you carry family medical/hospital insurance? Yes — No —

If so, which carrier: _____ Insurance Number _____

Please notify Camp Hope if camper is exposed to any communicable disease during the three (3) weeks prior to Camp attendance. PLEASE advise if camper is on medication for any communicable disease.

IMPORTANT: This form MUST be filled out IN FULL and camper's guardian MUST sign below before camper may attend camp.

This health history is correct and up to date. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine diagnostic tests, treatment, and necessary transportation for Camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician or qualified health care professional selected by the camp director to secure and administer treatment; including hospitalization for camper.

SIGNATURE _____ **DATE** _____

NOTE: Guardian will be contacted for any major medical concern that occurs at camp. Be sure we have a phone number to be able to reach you this weekend.

BEST PHONE NUMBER TO REACH GUARDIAN AT DURING WEEKEND: _____

TURN FORM OVER TO COMPLETE.

Dan Hebert Health History Form

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MEDICATION INFORMATION

May the licensed health staff at Camp Hope administer over-the-counter (OTC) medications that may include, but are not limited to the following:

Tylenol (children's dose) — minor pain/headache	YES ___ NO ___
Advil (Ibuprofen) (children's dose) — minor pain	YES ___ NO ___
Benadryl (children's dose) — allergies/insect bites	YES ___ NO ___
Benadryl Gel or Calamine Lotion (topically)	YES ___ NO ___

Health Staff **will administer** Epipen (>66 pounds) or Epipen JR (<66 pounds) for a major allergic reaction immediately upon diagnosis.

Is the camper currently taking any medication? YES ___ NO ___
Does the camper need medications at camp this weekend? YES ___ NO ___ As Needed _____

IF THE ANSWER TO THESE QUESTIONS IS YES OR AS NEEDED, PLEASE COMPLETE THE REMAINDER OF THIS FORM.

Camper Name _____

PLEASE NOTE: If the camper is currently taking prescription medications, all prescription medications MUST be brought to camp in their original, properly labeled, container. This container should have the correct number of pills for the camp weekend ONLY. DO NOT bring the camper's medications in a plastic bag. Any changes from those instructions prescribed on the container must be verified in writing by a physician and provided to the Health Staff. If the camper uses an Epipen and/or Benadryl for allergic reactions, please bring these to camp. Be sure the expiration date is current.

FOR YOUR INFORMATION:

1. All medications must be turned over to the health care staff as you register your camper on Friday. Please have the prescription bottles/containers ready to turn over to the health care staff.
2. All medications will be given by the health care staff. Asthma inhalers may be self-administered (by the camper) with guardian's permission. All medications will be retained by the health care staff for the weekend and be returned to the parent/guardian at the conclusion of camp.

List ALL of camper's medications: _____

Special Instructions: _____

The following medication(s) (from the original container) shall be administered to camper during their stay at Camp Hope as indicated below:

Drug Name: _____ Dosage: _____ Reason for prescription: _____

___ To be given as needed.

___ To be given as follows: Time(s) _____ a.m. / p.m.

Friday Saturday Sunday (Please circle days medication needed)

Prescribing Doctors Name (Please Print): _____ Phone: _____

Signature of Physician or Parent/Legal Guardian: _____ Date: _____

ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER AND PLACED IN A ZIPLOC BAG WITH THIS FORM COMPLETED IF THEY ARE TO BE ADMINISTERED AT CAMP.

**CONSENT TO MEDICAL DIAGNOSES AND TREATMENT,
RELEASE OF AUTHORIZED MEDICAL INFORMATION AND
CHILD ABUSE REPORTING REQUIREMENTS**

Consent to Medical Diagnoses and Treatment

The undersigned guardian of _____ (“Camper”), a minor, by consenting to allow Camper to attend Dan Hebert Camp Hope (“DHCH”) and to participate in DHCH activities, hereby permits DHCH’s medical and nursing staff to render necessary first aid to Camper in the event of an accident, illness or injury, and to control the administration of prescribed medication brought to DHCH by Camper, the undersigned, or other parent(s)/legal guardian(s) of Camper as designated by the undersigned.

If Camper requires medical attention for any serious illness or injury, the undersigned hereby authorizes DHCH, its agents and employees, under the special instruction of a licensed physician or health care provider, to provide medical care, including, without limitation, taking x-rays, administering anesthesia, making medical or surgical diagnoses and administering necessary treatment to Camper, including, if necessary, hospital services, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital or at DHCH.

By signing this consent, the undersigned acknowledges that his/her consent to treatment of Camper is being given **in advance of any specific diagnosis or treatment that may be necessary**, and such consent authorizes DHCH, any licensed physician or health care provider chosen by DHCH to provide medical assistance to Camper and to exercise his/her best judgment as to Camper’s medical treatment.

In the event of a medical emergency or need for medical aid, Camper will be taken to the nearest health care provider, whether it be an emergency room or otherwise. **Should the need for medical care arise, the undersigned will be held financially responsible for all costs incurred in rendering or providing medical attention to Camper.** DHCH is not obligated to provide insurance for Camper’s care nor will DHCH assume financial responsibility for medical assistance provided to Camper.

The undersigned hereby acknowledges that in the event of a major accident or serious illness of Camper, **all reasonable effort** will be made to reach the undersigned or any such person undersigned designates for such purpose prior to rendering treatment to Camper, **but that treatment will not be withheld if the undersigned cannot be reached.** The undersigned hereby acknowledges that his/her consent to the actions discussed above is **immediately effective upon signing this consent**, and such consent shall remain in continuous effect until explicitly revoked in writing by undersigned or until Camper is removed by the undersigned or another parent/legal guardian designated by undersigned from the care of DHCH.

THE UNDERSIGNED HEREBY AGREES TO RELEASE DHCH FROM ANY AND ALL LIABILITY ARISING OUT OF ANY MEDICAL CARE RENDERED TO CAMPER BY ANY PHYSICIAN OR HEALTH CARE PROVIDER WHILE CAMPER IS PARTICIPATING AT DHCH IN ANY CAPACITY OR UNDER THE CARE OF DHCH, INCLUDING BUT NOT LIMITED TO TRANSPORTATION TO AND FROM DHCH, TO THE FULLEST EXTENT PERMITTED BY LAW.

Undersigned’s Initials

Release of Medical Information

The undersigned hereby authorizes any hospital, licensed physician or health care provider who attends to or examines Camper to furnish DHCH’s insurance company or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records of Camper, as needed, to the fullest extent permitted under federal law. A copy of this authorization shall be considered as effective and valid as the original.

Undersigned’s Initials

Information on Reporting Child Abuse

The California Child Abuse and Neglect Reporting Act establishes procedures to report and investigate child abuse (including, without limitation, sexual abuse, neglect, statutory rape, lewd or lascivious acts, and corporal punishment), and imposes an obligation to report child abuse on certain individuals, including most health care providers. If any member of the DHCH staff has knowledge of or observes a child whom a staff member knows or reasonably suspects has been the victim of child abuse or neglect, DHCH will file a report with the proper authorities, and such report will include (i) the child’s name, address, location, school, grade and class, (ii) his or her guardians’ names, addresses and phone numbers, and (iii) the names, addresses, phone numbers and other relevant information about the potential abuser(s).

If any part of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, the other provisions of this Agreement shall remain in full force and effect.

This consent and any disputes or claims arising out of or in connection with it shall be governed by and construed in accordance with the law of the State of California

BY SIGNING BELOW, the undersigned attests that (i) he/she has **carefully read and fully understands the** contents of this consent, and (ii) signs the consent of his/her own free will on his/her own behalf and on behalf of Camper.

CAMPER:
Signature: _____
Camper’s Name: _____
Relationship to Undersigned: _____

GUARDIAN:
Signature: _____ Print Name: _____
Date: _____ Phone: _____
Address: _____

Date of Birth: _____

Additional emergency contact/ phone: _____

DAN HEBERT CAMP HOPE

AUTHORIZATION AND CONSENT TO PHOTOGRAPH AND PUBLISH PHOTOGRAPHS

The undersigned guardian of _____ (“**Camper**”) hereby authorizes Dan Hebert Camp Hope (“**DHCH**”) and its agents and employees to photograph, tape or record Camper during Camper’s participation in DHCH. The undersigned agrees that DHCH may use and permit other persons to use the negatives, prints, duplicates, tapes, compact discs, digital video recordings or similar materials (the “**Materials**”) for such purposes and in such manner as DHCH deems appropriate. The undersigned agrees that the Materials may be used for purposes including, but not limited to, dissemination to physicians, health professionals, students and members of the public and that such dissemination may be accomplished in any manner.

The Materials will only be used to publicize DHCH and fundraise on behalf of DHCH. The undersigned consents to allow the use of the Materials to assist DHCH’s public relations and charitable goals and hereby waives any right to compensation of the undersigned or Camper with regard to such Materials. The undersigned and his/her successors and assigns hereby release DHCH and its successors and assigns from and against any claim for injury, damages and all rights to compensation resulting from the activities authorized by this consent.

This consent and any disputes or claims arising out of or in connection with it shall be governed by and construed in accordance with the law of the State of California.

The term “**photograph**” shall mean motion picture or still photography in any format or medium, including video or disc, digital recording or any other means of recording and reproducing images.

BY SIGNING BELOW, the undersigned attests that (i) he/she has carefully **read and** fully understands the contents of this consent and (ii) signs the consent of his/her own free will.

CAMPER:

Signature: _____

Camper’s Name: _____

Relationship to Undersigned: _____

Date of Birth: _____

GUARDIAN:

Signature: _____

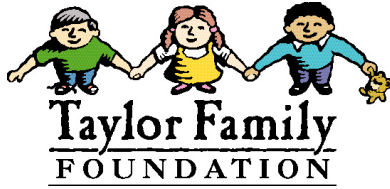
Print Name: _____

Date: _____

Phone: _____

Address: _____

Additional emergency contact and phone:



Participant Name (Print legibly in CAPITAL LETTERS)

Last First

INDIVIDUAL RELEASE OF LIABILITY FORM
The Taylor Family Foundation at Camp Arroyo

Visiting Organization/Group Name _____

Participant address _____ City/State/Zip _____

County you live in _____ Age at Date of Participation _____ Circle one: M F

Name of Guardian (if Participant is a Minor) _____ Relationship to Minor _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Please Read Carefully-Signature Required

If the above-listed Participant is under 18 years of age, I hereby declare that I am authorized as their legal guardian to sign this Release of Liability Form on their behalf, and understand and agree that they are bound by all terms and conditions of this document.

In consideration of the services provided by The Taylor Family Foundation (“TTF”), the YMCA of the East Bay, and the East Bay Regional Park District and their respective agents, employees, directors, officers, contractors, volunteers (collectively the “Released Parties”), in connection with Participant’s participation in the Visiting Organizations program (“Program”) at Camp Arroyo, I as Participant or, if Participant is a minor, as parent/guardian of Participant agree as follows:

I am familiar with the Program and all of my questions about the Program, including questions concerning the details of activities, the physical conditions, and the Program’s location have been answered to my satisfaction. I understand that participation in the Program creates a risk of injury and I expressly acknowledge and assume the risk of such injury to the Participant. The following describes some of those risks:

- The Program involves outdoor activities where exposure to environmental risks includes poison oak, insects, snakes, predators, unpredictable forces of nature such as storms, earthquakes and wildfires. Entering restricted areas on the property is prohibited and could be dangerous.
- The Program may require travel to an off-site activity by bus or vehicle and Program components may or may not include: arts and crafts, swimming, basketball, bocce ball, field sports, challenge course (includes rock wall, zip line, high and low ropes course elements), horseback riding, hiking, boating, and gardening. Possible injuries include, but are not necessarily limited to, sunburn, dehydration, heat stroke, slipping, falling, drowning, and other mild or serious injuries and conditions.
- All Participants will be required to take a swim test. Participants who do not pass the swim test will only be allowed in the shallow end of the pool with a lifejacket on. If the guardian of the above-named Participant does not want the Participant to wear a lifejacket, they may indicate so in the box below*.

I agree that this description of risks is not complete, and that unknown or unanticipated risks may result in property loss, injury, or death. I understand that the unique character of this Program is to serve participants who are medically fragile and/or high risk. I have submitted, to the best of my knowledge, complete health history information to the above-named organization and represent that Participant is free from medical or physical conditions that might create undue risk to the Participant. I represent that the Participant is fully capable of participating in this Program. Therefore, I assume and accept full responsibility and assume the risk of and for any injury, death, loss of personal property, and/or expenses that may result from Participant’s involvement in this Program, and I further agree to indemnify and hold harmless the Released Parties, Pacific Leadership Institute, Fort Miley Adventure Challenge Course, Challenge Works, Urban Concessionaires, Durham Bus Service, Black Tie Transportation, Bauer Transportation, Reins in Motion, Peggy James, SonRise Equestrian Foundation and each of their agents, employees, directors, officers, contractors, volunteers, and all entities associated with it to the fullest extent of the law, from any and all claims, damages, losses, or liability that may result from Participant’s involvement in the Program.

Food Allergies and Allergies Notification, Acknowledgment, and Release of Liability

An environment free of allergens, including but not limited to food allergens, **CANNOT** be guaranteed at Camp Arroyo. While reasonable efforts will be made to serve food not containing allergens as an ingredient, Camp Arroyo prepares meals in a facility that uses nuts, soy, wheat, and other

known allergens. Therefore, the Released Parties cannot guarantee that any particular food product is free of all traces of any particular allergen, that consumption of a food product will not result in some form of allergic reaction, or that the Participant will not come into contact with any allergens while at Camp Arroyo and participating in the Program. The undersigned acknowledges and agrees that i) he/she is aware of such risks and that participation in the Program will expose the Participant to food, activities and persons that may result in exposure to allergens and injury and, in that regard and assuming such risks, the undersigned hereby fully releases and discharges the Released Parties from any and all liability and/or responsibility to the Participant, the undersigned, or any third party for death and/or injuries to the Participant, and/or any direct, indirect, punitive, incidental, or any damages that arise out of or relate to Participant's participation in the Program at Camp Arroyo and/or exposure to food allergens.

Participant/Parent/Guardian Initials _____

Dog Policy at Camp Arroyo

In cooperation with Ordinance 38 of East Bay Regional Park District please note the following dog policy at Camp Arroyo:

- No dogs are allowed on site with the exception of service dogs.
- All service dogs must be on leash and with a human being at all times.
- Dogs' owners are responsible for immediately removing and properly disposing of dog excrement.

If a dog is on site and is not a service dog or there is any other violation of the dog policy, Camp Arroyo staff, including EBRPD, YMCA, or TTFF will call the East Bay Regional Park District Public Safety and they will be cited for violation of the park rules.

PLI/Fort Miley Adventure Challenge Course Statement of Understanding and Legal Release

This Release of Liability Form also covers participation in the Adventure Ropes Course offered by PLI, Fort Miley. I understand that certain elements of this program are physically demanding and that Participant should only participate in the Ropes Course if he/she is free of medical or physical conditions which might create undue risk to Participant or other participants. Participant is free from such conditions and I am aware that these activities involve a potential for injury to Participant and his/her property. To the extent that Participant participates in such activities, he/she does so *voluntarily* and I assume full responsibility for any loss and/or inconvenience resulting from Participant's participation. I further agree to indemnify and hold harmless the Released Parties, PLI, Fort Miley, the National Park Service, the San Francisco State University Foundation and each and all of their officers, directors, employees and agents from any and all liability incurred as a result of Participant's participation. I also agree that this Release of Liability shall serve as a complete legal release and assumption of risk for Participant's heirs, executors, and administrators, and all family members, including any minors.

Promotional/Photo Release

One of the best ways to explain our mission of supporting children is through photographs, artwork, and testimonials of our program participants. We use these in our brochures, newsletters, annual report and website and other promotional outlets including television, newspaper, magazines articles and social media sites including Facebook. I agree that video, photographs and testimonials taken of Participant or other materials created by Participant and submitted to TTFF, shall become property of and may be used by TTFF, at its discretion, for any publicity or marketing purposes, and I hereby irrevocably consent and authorize such use without restriction.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge TTFF from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If you do not provide authorization for photographs or video footage of Participant(s) to be used, you must email our office at program@ttff.org with your Participant(s) name and the dates that he/she will be at camp. This information must be provided within five (5) days of the first day the Participant arrives at camp.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

By signing below, you understand and agree to the terms and conditions of this document.

Participant Signature (if age 18 or older) _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Please answer following questions:

Yes No *If the Participant does not pass the swim test, I give permission for them to swim in the shallow end without a lifejacket.

(By checking NO, the Participant will be required to wear a lifejacket in the shallow end of the pool.)

Yes No I give permission for the Participant to take part in the Adventure Challenge Course.