

FIREFIGHTERS KIDS CAMP - 2017 CAMPER APPLICATION



PLEASE RETURN THIS FORM BY: June 1st, 2017

Please mail to: Firefighters Burn Institute
3101 Stockton Blvd, Sacramento CA 95820

FAX to: (916) 455-4376 OR Email to: ka@ffburn.org

Additional camp information is available at www.ffburn.org

Camp Dates
July 9 -15, 2017
Camp Arroyo - Livermore, CA

CAMPER'S PERSONAL INFORMATION

In order for the Firefighters Kids Camp staff to insure a safe, happy and generally fabulous camp week for your child, it is very important that the following application is completed in full. **FAILURE TO PROVIDE COMPLETE AND/OR FALSE INFORMATION MAY RESULT IN ADDITIONAL ACTION SUCH AS A FOLLOW-UP CALL OR DISMISSAL FROM THE CAMP PROGRAM.** It is our goal to individualize each campers needs and your co-operation with filling out the application is of the utmost importance. Thank you in advance.

Male

Female

CHILD'S LAST NAME CHILD'S FIRST NAME MI BIRTHDATE (MM/DD/YY)

MAILING ADDRESS CITY STATE ZIP CODE

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER FOSTER PARENTS GRANDPARENTS

PARENT/GUARDIAN NAME ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

PARENT/GAURDIAN E-MAIL PRIMARY PHONE WORK or ALTERNATE PHONE

DATE OF CHILD'S BURN INJURY PERCENT OF BODY SURFACE AREA BURNED AREA(S) OF BODY BURNED

HOW WAS YOUR CHILD BURNED?: (use additional paper if necessary)

T-SHIRT SIZE: _____
(Youth S, M, L or Adult S, M, L, XL, 2XL)

SWEATSHIRT SIZE: _____
(Youth S, M, L or Adult S, M, L, XL, 2XL)

SHOE SIZE: _____
(Please indicate Women, Men or Kids Size)

Grade child will attend this Fall: _____

HAS YOUR CHILD HAD PREVIOUS CAMP EXPERIENCES?..... YES NO

IF YES, PLEASE LIST YEAR & CAMP NAME: _____

HOW DID YOU HEAR ABOUT THE FIREFIGHTERS KIDS CAMP PROGRAM?

PLEASE SHARE YOUR THOUGHTS ON THE FOLLOWING QUESTIONS:

1. DOES YOUR CHILD HAVE A PARTICULAR FEAR OF THINGS OR SITUATIONS?

2. HAS YOUR CHILD EXPERIENCED ANY SIGNIFICANT LIFE CHANGES IN THE PAST YEAR?

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL HELP THE COUNSELOR WORK MORE EFFECTIVELY WITH YOUR CHILD OR LIST ANY QUESTIONS OR CONCERNS YOU HAVE ABOUT OUR PROGRAM. (use additional paper if necessary)

MEDICAL INSURANCE & DOCTOR

HEALTH INSURANCE PROVIDER / INSURANCE CARRIER	POLICY NUMBER
---	---------------

PRIMARY PHYSICIAN	ADDRESS	PHONE NUMBER
-------------------	---------	--------------

DENTIST / ORTHODONTIST	ADDRESS	PHONE NUMBER
------------------------	---------	--------------

MENTAL HEALTH PROVIDER	ADDRESS	PHONE NUMBER
------------------------	---------	--------------

MEDICATION

WILL THE CHILD BE TAKING ANY MEDICATIONS WHILE AT CAMP?..... YES NO
PLEASE LIST ALL MEDICATIONS YOUR CHILD WILL BE BRINGING TO CAMP. **NOTE: ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER AND BE CLEARLY LABELED!**

NAME OF MEDICATION (1)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
------------------------	----------------------	-----------------------

NAME OF MEDICATION (2)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
------------------------	----------------------	-----------------------

NAME OF MEDICATION (3)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
------------------------	----------------------	-----------------------

MEDICAL HISTORY

LIST ALL KNOWN MEDICAL ALLERGIES, DIETARY RESTRICTIONS AND FOOD ALLERGIES:

■ **IS YOUR CHILD A VEGETARIAN?**..... YES NO

IF YES, INDICATE THE DEGREE IN WHICH YOUR CHILD IS A VEGETARIAN (ANY MEAT, VEGAN, ETC.):

CHILD'S CURRENT MEDICAL CONDITIONS – PLEASE CHECK ALL THAT APPLY

- | | | | | |
|--------------------------------------|---|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> BED WETTING | <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> FREQ. SORE THROATS | <input type="checkbox"/> OBESITY |
| <input type="checkbox"/> ECZEMA | <input type="checkbox"/> EAR INFECTIONS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> DRUG ABUSE | <input type="checkbox"/> SINUSES |
| <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> CONSTIPATION | <input type="checkbox"/> HEART DEFECT | <input type="checkbox"/> BLEEDING DISORDER | <input type="checkbox"/> HEADACHES |
| <input type="checkbox"/> SNORING | <input type="checkbox"/> MONONUCLEOSIS | <input type="checkbox"/> FAINTING | <input type="checkbox"/> SLEEP WALKING | <input type="checkbox"/> _____ |

LIST ADDITIONAL MEDICAL CONDITIONS HERE:

PREVIOUS ILLNESSES – PLEASE CHECK ALL ILLNESSES THAT THE CHILD HAS HAD TO DATE

- | | | | |
|--------------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> MEASLES (RED) | <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> POLIO |
| <input type="checkbox"/> PNEUMONIA | <input type="checkbox"/> MEASLES (4-DAY) | <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> _____ |
| <input type="checkbox"/> MUMPS | <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> WHOOPING COUGH | |

LIST ADDITIONAL MEDICAL CONDITIONS HERE:

■ **HAS YOUR CHILD BEEN EXPOSED TO ANY INFECTIOUS DISEASE WITHIN THE PAST FOUR WEEKS? ..** YES NO

IF YES, WHAT?

■ **DOES YOUR CHILD HAVE ISSUES WITH BED WETTING, INCONTINENCE (pull-ups/diapers) OR NEED ASSISTANCE IN USING RESTROOM OR SHOWERING? ..** YES NO

IF YES, EXPLAIN IN DETAIL THE DEGREE OF ASSISTANCE NEEDED IN THESE AREAS:

■ **DOES YOUR CHILD HAVE ANY MEDICALLY RELATED RESTRICTIONS THAT WILL LIMIT HIM / HER FROM PARTICIPATING IN ACTIVITIES?.....** YES NO

IF YES, PLEASE LIST:

■ **HAS YOUR CHILD BEEN HOSPITALIZED FOR ANY REASON OTHER THAN A BURN INJURY?.....** YES NO

IF YES, PLEASE LIST:

■ **RECONSTRUCTIVE ADMISSIONS – NOTE MOST RECENT OPERATION INCLUDING DATE AND SPECIFIC AREA**

■ **ARE THERE ANY PLANS FOR RECONSTRUCTIVE SURGERY?.....** YES NO

IF YES, PLEASE LIST:

- **FOR GIRLS ONLY... HAS YOUR CHILD MENSTRUATED?**..... YES NO

PSYCHOLOGICAL / SOCIAL HISTORY

- **HAS YOUR CHILD EVER CONSULTED A PHYSICIAN, MENTAL HEALTH PROVIDER OR SCHOOL COUNSELOR CONCERNING AN EMOTIONAL PROBLEM?**..... YES NO

IF YES, WHAT WAS THE APPROXIMATE DATE OF THE LAST VISIT? _____

- **AT ANY TIME HAS YOUR CHILD BEEN ON MEDICATION FOR ADD, ADHD, DEPRESSION, IMPULSE CONTROL OR A SEIZURE DISORDER?**..... YES NO

IF YES, WHAT MEDICATION / DATE TAKEN / DOSAGE? _____

- **HAS YOUR CHILD'S BEHAVIOR EVER LED TO SCHOOL DETENTION, SUSPENSION OR EXPULSION?.....** YES NO

IF YES, PLEASE EXPLAIN: _____

- **IS YOUR CHILD IN A SPECIAL EDUCATION PROGRAM, HAVE PROBLEMS ASSOCIATED WITH ACADEMIC PERFORMANCE AND/OR RECEIVE SPECIAL RESOURCES?**..... YES NO

IF YES, PROVIDE DETAILED DESCRIPTION: _____

- **IS YOUR CHILD DEALING WITH ANY SIGNIFICANT LOSSES IN YOUR FAMILY? (i.e. THE DEATH OF A FAMILY MEMBER, PET, DIVORCE, ETC.)**..... YES NO

IF YES, PLEASE EXPLAIN: _____

- **IS YOUR CHILD CURRENTLY DEALING WITH ANY SPECIAL ISSUES SUCH AS PEER OR SCHOOL PRESSURE, A LEARNING DISABILITY, FAMILY ILLNESS, ALCOHOL, DRUG OR CIGARETTE USE?**..... YES NO

IF YES, PLEASE EXPLAIN: _____

- **HAVE ANY DESTRUCTIVE BEHAVIORS SUCH AS FIRE STARTING OR CRUELTY TO ANIMALS BEEN BROUGHT TO YOUR ATTENTION?**..... YES NO

IF YES, PLEASE EXPLAIN: _____

- **HOW MANY TIMES HAS YOUR FAMILY MOVED IN THE PAST TWO YEARS?** _____

- **HOW MANY TIMES HAS YOUR CHILD CHANGED SCHOOLS IN THE PAST TWO YEARS?** _____

REHABILITATION NEEDS

- **DOES YOUR CHILD PRESENTLY WEAR PRESSURE GARMENTS?**..... YES NO

IF YES, PLEASE SEND THEM TO CAMP WITH YOUR CHILD AND INCLUDE ANY SPECIAL INSTRUCTIONS!

■ **DOES YOUR CHILD USE LOTION OR CREAM ON HIS/HER SKIN?**..... YES NO

IF YES, WHAT TYPE AND FREQUENCY OF APPLICATION: _____

■ **DOES YOUR CHILD WEAR A SPLINT?**..... YES NO

IF YES, STATE WHERE, WHAT TYPE AND WEARING SCHEDULE:

■ **DOES YOUR CHILD WEAR AN ORTHOPEDIC DEVICE / PROSTHETIC?**..... YES NO

IF YES, STATE WHERE, WHAT TYPE AND WEARING SCHEDULE:

■ **DOES YOUR CHILD PRESENTLY USE A WHEELCHAIR?**..... YES NO

IF YES, LIST ANY SPECIAL INSTRUCTIONS:

■ **WILL YOUR CHILD NEED TO COMPLETE SPECIFIC EXERCISES WHILE AT CAMP?**..... YES NO

IF YES, PLEASE EXPLAIN: _____

■ **IS YOUR CHILD PRESENTLY RECEIVING PHYSICAL AND/OR OCCUPATIONAL THERAPY?**..... YES NO

IF YES, HOW OFTEN: _____

NAME OF THERAPIST: _____ PHONE: _____

■ **DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS THAT MAY AFFECT HIS/HER PARTICIPATION IN ANY CAMP ACTIVITY (i.e. AMPUTATIONS, LOW ENDURANCE, RECENT SURGERIES, ETC.)?**..... YES NO

IF YES, PLEASE EXPLAIN: _____

■ **GIVE ANY SPECIAL CONCERNS YOU WOULD LIKE THE CAMP MEDICAL STAFF TO ADDRESS BELOW.**

TREATMENT AUTHORIZATION

I hereby testify that the health history provided herein is correct to the best of my knowledge and that the person described has permission to engage in all prescribed camp activities except as noted.

I agree that the Firefighters Kids Camp Medical Staff or their authorized agents may administer over-the-counter medications (or generic equivalents) and/or prescription medication (as advised by a physician) if deemed medically necessary. This includes, but is not limited to; Calamine Lotion, Betadine, Milk of Magnesia, Pepto Bismol, Aspirin, Ibuprofen, Tylenol, Neosporin, sun block, Sucrets, sting ointment, Blistex and Visine.

I also understand that reasonable measures will be taken to safeguard the health and safety of all participants at all times, and that I will be notified as soon as possible in case of any emergency affecting my child.

In the event I cannot be reached in an emergency, I hereby give my permission to the Firefighters Kids Camp Medical Staff to secure and administer treatment at my expense, including emergency medical or surgical treatment as may be necessary; including, but not limited to, x-rays, routine tests, treatment, and necessary related transportation for my child.

PARENT'S SIGNATURE _____ DATE _____

EMERGENCY CONTACTS

EMERGENCY CONTACT 1 RELATIONSHIP

HOME PHONE WORK PHONE CELL PHONE

EMERGENCY CONTACT 2 RELATIONSHIP

HOME PHONE WORK PHONE CELL PHONE

TRANSPORTATION TO / FROM CAMP & RELEASE

PLEASE INDICATE HOW YOUR CHILD WILL BE ARRIVING AND DEPARTING FROM CAMP:

MY CHILD WILL ARRIVE AT CAMP BY:

- SHRINERS HOSPITAL (Sacramento) ANGEL FLIGHT OTHER: _____
- WE WILL PROVIDE OUR OWN TRANSPORTATION (PLEASE ARRIVE NO EARLIER THAN 4:30 PM)

MY CHILD WILL DEPART FROM CAMP BY:

- SHRINERS HOSPITAL (Sacramento) ANGEL FLIGHT OTHER: _____
- WE WILL PROVIDE OUR OWN TRANSPORTATION (PLEASE ARRIVE NO LATER THAN 11 AM)

NOTE: Camp provided transportation is provided from/to Shriners Hospital in Sacramento. Additional transportation from other regional areas may also be arranged. We will work to assist with transportation for those residing outside of the Sacramento area, however we cannot guarantee transportation accommodations.

PLEASE LIST THE NAME OF ANY PERSON (S) WHO WILL BE AUTHORIZED TO PICK-UP YOUR CHILD UPON RETURNING TO CAMP OR IN THE EVENT OF AN EMERGENCY. YOUR CHILD WILL ONLY BE RELEASED TO ONE OF THE INDIVIDUALS LISTED BELOW. IDENTIFICATION WILL BE REQUIRED.

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

LIABILITY RELEASE

I, the undersigned, certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in any and all activities, including water activities and archery at Firefighters Kids Camp. I further understand that Firefighters Kids Camp is a physically active program. Injuries and exposure to cold temperature are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions, broken limbs and even accidental death. I hereby Release, Waive, Discharge and Covenant Not to Sue or hold the Firefighters Burn Institute and its employees, volunteers and agents responsible or liable, and I will assume full responsibility, on or off premises for any injuries or damages incurred or caused by him/her in connection with his/her stay during Firefighters Kids Camp.

PARENT'S SIGNATURE _____ DATE _____

CAMPER BEHAVIORAL AGREEMENT

FIREFIGHTERS KIDS CAMP PROMISES TO BE A GREAT EXPERIENCE FOR ALL INVOLVED! Please take a moment to go over the following guidelines carefully with your child before signing at the bottom.

The focus of our entire program is on the kids. With this in mind, we have established the following list of behavioral expectations in an effort to assure that all involved understand them and have the safest and most enjoyable time possible.

A camper's failure to meet these expectations will result in a systematic administration of supportive counseling and consequential actions. The Firefighters Kids Camp will utilize the "3-step process of discipline" outlined below as a means to ensure that all campers take care of themselves, their fellow campers and the environment.

STEP ONE The camper will be counseled by the Camp Directors(s).

STEP TWO..... The camper will again be counseled by the Camp Director(s), and may be restricted from participation in an activity(s). The camper's parent(s) or guardian will be notified by telephone of the child's behavior, the counseling provided and the consequential actions that will be taken if the behavior(s) continue.

STEP THREE..... The camper's parent(s) or guardian will be notified and required to pick-up their child immediately. If the parent(s) or guardian is unable to provide immediate transportation home for the child, then transportation arrangements will be made for the child at the parent's expense. In the event that a child must be removed from the camp environment and the parent(s) or guardian cannot be contacted, the Camp Directors(s) will be required to contact local agents of county Child Protective Services (CPS), who will take protective custody of the child.

ACCEPTABLE BEHAVIORS INCLUDE:

- Campers will be expected to comply to camp rules at all times.
- Campers will be expected to be attentive to and be respectful of all camp staff at all times.
- Campers will be expected to actively Think and Listen.
- Campers will be expected to work together - the "Buddy System" must be used at all times.
- Campers will be expected to protect the environment.
- Campers will be expected to take care of any equipment they use, and return it to where they found it.

UNACCEPTABLE BEHAVIORS INCLUDE BUT NOT LIMITED TO:

- Campers will not be allowed to act in a manner that exhibits racist or sexist activities or humor.
- Campers will not be allowed to threaten or harass any other camper or member of the staff.
- Campers will not be allowed to possess alcohol and/or illicit drugs, weapons or fireworks at camp.
- Campers will not be allowed to smoke at camp. Any tobacco products will be confiscated and not returned.
- Campers will not be allowed to bring radios, pagers, cellular telephones or other electronic devices to camp.
- Campers will not be allowed to use profanity or fight at camp.

The Firefighters Kids Camp reserves the right to remove from camp any camper whose behavior, in the sole judgment of the Camp Director(s), is determined to be detrimental to the best interests of the children and adults using the camp facilities and/or the overall welfare of the camp program.

MY CHILD AND I HAVE READ AND UNDERSTAND THIS POLICY AND REALIZE THAT IT WILL BE ENFORCED IN ORDER TO ASSURE THE SAFETY OF ALL CAMPERS AND THE ENVIRONMENT. OUR SIGNATURES SIGNIFY THAT WE UNDERSTAND AND AGREE TO THE CONSEQUENCES.

PARENT'S SIGNATURE _____ DATE _____

CAMPER'S SIGNATURE _____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	MAY WE SHARE YOUR PHONE NUMBER, MAILING ADDRESS AND EMAIL WITH OTHER BURN FOUNDATIONS THAT PROVIDE BURN CAMPS, BURN RECOVERY PROGRAMS AND SCHOLARSHIPS FOR HIGHER EDUCATION THAT MAY BENEFIT YOUR CHILD?
------------------------------	-----------------------------	---

IMMUNIZATION POLICY

For the health and safety of our campers, the Firefighters Burn Institute in accordance with American Camp Association (ACA) standards, asks that all parents carefully read and complete the appropriate section of our immunization policy below and return it to our office no later than the first day of camp, July 18, 2016.

STATEMENT OF CURRENT IMMUNIZATIONS:

I _____, the parent/gaurdian of _____
Parent/guardian Name (Print) Camper Name (Print)

attest that my child is up to date on all immunizations required for school. I further attest that my child's last tetanus shot was on _____.
Date (MM/YY)

PARENT/GUARDIAN SIGNATURE

DATE

EXEMPTION FROM IMMUNIZATION – For minors who **do not have immunizations** for religious or other reasons. If you have filled out the top portion, skip this section.

AFFIDAVIT TO BE SIGNED BY PARENT/GUARDIAN

I request exemption of my child _____ from the immunization
Camper Name (Print)

requirements for camp attendance because all or some immunizations are contrary to my beliefs. I understand that in the case of an outbreak of anyone of these diseases, the camper named above may be temporarily excluded from camp for his/her protection.

PARENT/GUARDIAN SIGNATURE

DATE



FIREFIGHTERS BURN INSTITUTE

3101 Stockton Blvd., Sacramento, CA 95820 | (916) 739-8525 | www.ffburn.org

PHOTO RELEASE

THE FIREFIGHTERS BURN INSTITUTE (FFBI) IS A CHARITABLE ORGANIZATION WHICH DEPENDS UPON FINANCIAL SUPPORT FROM THE PUBLIC TO OPERATE AND TO OFFER RECOVERY PROGRAMS FOR BURN SURVIVORS. FFBI ENGAGES IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS DESIGNED TO PUBLICIZE THE AVAILABILITY OF ITS SERVICES AND THE NEED FOR CONTINUED FINANCIAL DONATIONS AND SUPPORT. FFBI ASKS FOR YOUR CONSENT TO USE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES AND/OR VOICE OF YOU (IF OVER THE AGE OF 18) OR YOUR CHILD (IF YOU ARE THE CHILD'S PARENT OR LEGAL GUARDIAN) AS PART OF FFBI'S MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS. **YOUR CONSENT, OR REFUSAL TO GRANT SUCH PERMISSION WILL HAVE NO BEARING WHATSOEVER ON YOU OR YOUR CHILD'S PARTICIPATION IN PROGRAMS OFFERED BY FFBI. PLEASE CHECK YES OR NO AND SIGN BELOW. THANK YOU!**

YES, I GIVE MY CONSENT FOR THE USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES OF ME (IF I AM 18 YEARS OR OLDER), OR OF MY CHILD (IF I AM THE CHILD'S PARENT OR LEGAL GUARDIAN) IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS FOR FFBI.

I WISH TO HELP FFBI IN ITS MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS, AND I CONSENT TO THE PRODUCTION AND USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS OF ME OR MY CHILD FOR ANY MARKETING, PUBLIC RELATIONS OR FUNDRAISING PURPOSES.

I CAN REVOKE CONSENT AT ANY TIME IN WRITING. HOWEVER, REVOKING CONSENT WILL NOT AFFECT THE USE OR CONTINUED USE OF ANY MATERIALS THAT WERE CREATED BASED ON MY PRIOR AUTHORIZATION.

I ALSO UNDERSTAND THAT AFTER FFBI HAS PUBLISHED THESE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS, OTHER PERSONS OR ENTITIES MAY REDISTRIBUTE THEM (SUCH AS A TV STATION USING A PHOTOGRAPH POSTED ON FFBI'S WEBSITE) AND THAT FFBI HAS NO WAY TO PREVENT THIS FROM HAPPENING.

I RELEASE ANY AND ALL RIGHTS OR CLAIMS FOR PAYMENT OR ROYALTIES IN CONNECTION WITH ANY EXHIBITION, PRINT AND BROADCAST ADVERTISING, TELEVISION, BROADCAST ON FFBI'S WEBSITE OR INTERNET SOURCE, DIGITAL DISTRIBUTION, OR OTHER SHOWING OF THESE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS USED IN FURTHERING FFBI'S MISSION.

I AGREE TO HOLD HARMLESS FFBI AND ITS AFFILIATED ASSOCIATIONS AND ALL ITS PERSONNEL AND VOLUNTEERS, THEIR OFFICERS, MEMBERS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO THE MAKING OR USE OF THESE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS.

I UNDERSTAND THAT I MAY ASK ANY QUESTIONS ABOUT THIS CONSENT PRIOR TO SIGNING THIS RELEASE.

NO, I DO NOT GIVE MY CONSENT FOR THE USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES OF ME (IF I AM 18 YEARS OR OLDER), OR OF MY CHILD (IF I AM THE CHILD'S PARENT OR LEGAL GUARDIAN) IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS FOR FFBI.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE TERMS OF THIS RELEASE AND HAVE CHECKED EITHER "YES" ABOVE TO GIVE MY CONSENT OR "NO" ABOVE TO REFUSE CONSENT. I HAVE NO QUESTIONS OR THEY HAVE BEEN ANSWERED TO MY SATISFACTION.

SIGNATURE (LEGAL ADULT OR PARENT/LEGAL GUARDIAN'S)

DATE

PRINT NAME (LEGAL ADULT OR PARENT/LEGAL GUARDIAN'S)

PRINT NAME (CHILD'S IF APPLICABLE)



Firefighters Burn Institute is a charitable, non-profit, 501(c)3 organization
founded by Sacramento Area Fire Fighters, Local 522 • Tax ID# 23-7364927



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 (_____) _____

E-mail Address _____

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 (“TFFF”), 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 Park Concessionaires, Durham Bus Service, Avalon Transportation, Reins in Motion, Peggy James, SonRise Equestrian Foundation, Tony La Russa’s Animal Rescue Foundation, and Dog Therapy Inc. 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.

Media/Photo Release

One of the best ways to explain our mission of supporting children is through photographs, artwork, videotape, digital recordings 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 videotape, photographs, digital recordings 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, In Harmony, Forever Young Foundation, Sophie's Place, and ABC 7, and others working for it or on its behalf, 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 camp@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.

Sophie's Place Media Recording Release

I, the undersigned, do hereby consent and agree that Sophie's Place, its employees, or agents have the right to take photographs, videotape, or digital recordings taken of Participant and to use these in any and all media, now or hereafter known. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Sophie's Place, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Sophie's Place is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury increased as a result.

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.



I, _____, hereby consent to appear and be interviewed voluntarily and without compensation and waive all rights of privacy and publicity that I may have with respect to such appearance.

In consideration of possibly broadcasting or otherwise distributing that appearance, I grant to KGO Television, Inc. the irrevocable right to use, record, broadcast and distribute and to license and authorize others to use, record, broadcast and distribute, without further obligation or payment to me or my family, my name, voice, likeness, performance and/or statements for any and all purposes at any time in any and all media now known or later developed, including without limitation exploitation by all forms of television (including but not limited to broadcast, cable and other television type systems, radio, print and print media, videotape, audiotape, the Internet, on-line services and other telecommunications, wire, and/or computer drive media).

I understand that nothing in this Release shall obligate KGO Television, Inc. to use my appearance in any such program or further media. I also release and indemnify KGO Television, Inc., its parent, subsidiary and affiliated companies and each of their respective officers, directors, employees, agents and representatives (the "Releasees") from and against any and all claims, liabilities, losses, damages, costs or expenses (including reasonable attorney's fees) arising out of my acts or statements in connection with any such appearance or use.

I sign this instrument knowingly, willingly, voluntarily and without reservation, free from any coercion or duress, and am fully aware of its contents and legal effects.

Signature: _____

Printed Name: _____

Date: _____

If signatory is a minor, signature of parent/guardian:

Printed name of parent/guardian:
