



## LITTLE HEROES PRESCHOOL BURN CAMP

Firefighters Burn Institute  
3101 Stockton Blvd.  
Sacramento, CA 95820  
Phone: (916) 739-8525 | Fax: (916) 455-4376  
Website: [www.ffburn.org](http://www.ffburn.org)

### Come, Play & Grow Together!

We are pleased to provide you with information about a burn recovery program for preschool-age children who have survived a serious burn injury. **Little Heroes Preschool Burn Camp** is a three-day camp designed to help children, ages 3 to 6 years old, and their families understand and cope with the physical and emotional challenges of burn recovery. The Little Heroes program also provides the opportunity for families to spend time with others overcoming similar challenges in an informal, supportive camp setting.

Little Heroes Preschool Burn Camp dates are **Friday, November 3 - Sunday, November 5, 2017**. The program is offered at no cost to eligible families.

Located at Camp Arroyo in Livermore, California, this burn recovery camp was created specifically for preschool-aged burn survivors and their parent(s), caretakers and siblings. Camp Arroyo is equipped with roomy, bright cabins furnished with bunk beds. Multiple families will room together per cabin. Meals at camp will take place in the dining hall and will be served family style. The use of this wonderful camp facility is graciously donated by the Taylor Family Foundation. You may view the camp online at <https://ttff.org/virtual-tour/>.

Little Heroes Preschool Burn Camp is conducted by well trained and supportive volunteer staff, including burn care professionals, a camp nurse, child life specialists, recovery support personnel and firefighters. Free child care is provided for infants and toddlers. In addition to English, this program offers Spanish language translators.

Each family's participation is fully funded by the Firefighters Burn Institute and generous grant funding. Transportation is offered to and from camp from pre-designated departure points. A limited number of transportation scholarships are also available.

Following this letter, you will find an application to participate in Little Heroes Preschool Burn Camp. Participants must commit to the entire weekend program. Please complete all questions to the best of your ability and return to the Firefighters Burn Institute no later than **September 1<sup>st</sup>, 2017**. Applications will be accepted on a space available basis. Please note Camp Arroyo is a smoke free facility.

Should you have any additional questions, please feel free to contact the Firefighters Burn Institute at 916-739-8525. We invite your family to "**Come Play & Grow Together**" with us!

Sincerely,

*Brian Rice & Liz Rice*

The Camp Directors



Shriners Hospitals  
for Children™





# LITTLE HEROES PRESCHOOL BURN CAMP FAMILY APPLICATION

PLEASE RETURN THIS SIGNED FORM BY September 1, 2017

MAIL TO: Firefighters Burn Institute, 3101 Stockton Blvd., Sacramento, CA 95820  
 PHONE: (916) 739-8525 | FAX: (916) 455-4376 | WEBSITE: [www.ffburn.org](http://www.ffburn.org)

Little Heroes Preschool Burn Camp is a model burn recovery program designed for preschool burn survivors ages 3-6 years old, their siblings and caregiver(s). This unique three-day program empowers children and their families to understand and cope with physical and emotional challenges associated with burn recovery.

### PERSONAL INFORMATION

PARENT/LEGAL GUARDIAN'S LAST NAME	FIRST NAME	TSHIRT SIZE
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PARENT/LEGAL GUARDIAN'S LAST NAME	FIRST NAME	TSHIRT SIZE
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CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	BOY / GIRL	TSHIRT SIZE
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CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	BOY / GIRL	TSHIRT SIZE
------------	------------	-------------

CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
-------------------	------------	----------	---

BIRTH DATE	BOY / GIRL	TSHIRT SIZE
------------	------------	-------------

CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	BOY / GIRL	TSHIRT SIZE
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MAILING ADDRESS	CITY	STATE	ZIP
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(      ) HOME PHONE	(      ) CELL PHONE	EMAIL ADDRESS
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PRIMARY LANGUAGE SPOKEN IN HOME?	DO ALL ADULTS IN YOUR FAMILY SPEAK AND UNDERSTAND ENGLISH? YES / NO
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HOW WERE YOU REFERRED TO THE PROGRAM?



8. IS ANYONE IN YOUR FAMILY BRINGING ANY MEDICATIONS TO CAMP?  YES  NO

(List all medications, including any over the counter meds, and whom they are for.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. IF YOU HAVE A SPECIFIC FAMILY YOU WOULD LIKE TO BE ROOMED WITH, LIST HERE: \_\_\_\_\_

\_\_\_\_\_

**PHOTO / VIDEO RELEASE**

During the course of this program your family may be participating in an activity that is being photographed (*print or video*). These photographs may be used for promotional/educational purposes by the Firefighter Burn Institute or our affiliates and sponsors. Your names, child's cause of burn and any other sensitive information will not be used without further consent.

- YES, I GIVE PERMISSION FOR MY FAMILY TO BE PHOTOGRAPHED FOR PROMOTIONAL/EDUCATIONAL PURPOSES.
- NO, I WOULD PREFER THAT MY FAMILY NOT BE PHOTOGRAPHED FOR PROMOTIONAL/EDUCATIONAL PURPOSES.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE DATE

**TRANSPORTATION**

Transportation will be provided from the following locations. Check your preferred pick up/drop off location. You will be contacted prior to camp to make the final arrangements. If providing own transportation, please arrive at camp no later than 4:30pm on Friday and depart no later than 12:30pm on Sunday.

- SHRINERS HOSPITAL (SACRAMENTO)  WILL PROVIDE OUR OWN TRANSPORTATION
- ANGEL FLIGHT  OTHER: \_\_\_\_\_

IF EXPLANATION NEEDED, PROVIDE HERE: \_\_\_\_\_

**EMERGENCY INFORMATION**

\_\_\_\_\_  
MEDICAL INSURANCE PROVIDER POLICY # GROUP #

\_\_\_\_\_  
MEDICAL CONTACT ( )  
PHONE

\_\_\_\_\_  
EMERGENCY CONTACT RELATIONSHIP ( )  
PHONE

\_\_\_\_\_  
EMERGENCY CONTACT RELATIONSHIP ( )  
PHONE

In the event of an emergency, I hereby give my permission to the Little Heroes Preschool Burn 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*).

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE DATE





**Participant Names (Print legibly in CAPITAL LETTERS)**

1.	_____	_____
	Last	First (Primary Caregiver's name here)
2.	_____	_____
	Last	First
3.	_____	_____
	Last	First
4.	_____	_____
	Last	First
5.	_____	_____
	Last	First
6.	_____	_____
	Last	First

**FAMILY RELEASE OF LIABILITY FORM**  
**The Taylor Family Foundation at Camp Arroyo**

**Visiting Organization/Group Name** \_\_\_\_\_

**Family address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Name of Head of Family** \_\_\_\_\_ **County you live in** \_\_\_\_\_

**Home Phone** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_\_) \_\_\_\_\_

**Email 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 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 & 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 include 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 & 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 allowed only 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 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 TTFE 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 TTFE, shall become property of and may be used by TTFE, In Harmony, the 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 TTFE 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@tffe.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.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer yes or no to the following questions as it pertains to each Participant:**

**Participant 1: Name (Primary Caregiver)** \_\_\_\_\_ **Age at Date of Participation** \_\_\_\_\_  M  F  
**Last First**

- 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 given a lifejacket to wear in the shallow end of the pool.)  
 Yes  No I give permission for the Participant to take part in the Adventure Challenge Course.

**Participant 2: Name** \_\_\_\_\_ **Age at Date of Participation** \_\_\_\_\_  M  F  
**Last First**

- 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 given a lifejacket to wear in the shallow end of the pool.)  
 Yes  No I give permission for the Participant to take part in the Adventure Challenge Course.

**Participant 3: Name** \_\_\_\_\_ **Age at Date of Participation** \_\_\_\_\_  M  F  
**Last First**

- 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 given a lifejacket to wear in the shallow end of the pool.)  
 Yes  No I give permission for the Participant to take part in the Adventure Challenge Course.

**Participant 4: Name** \_\_\_\_\_ **Age at Date of Participation** \_\_\_\_\_  M  F  
**Last First**

- 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 given a lifejacket to wear in the shallow end of the pool.)  
 Yes  No I give permission for the Participant to take part in the Adventure Challenge Course.

**Participant 5: Name** \_\_\_\_\_ **Age at Date of Participation** \_\_\_\_\_  M  F  
**Last First**

- 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 given a lifejacket to wear 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.

Participant Name(s) \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_