CAMP COURAGEOUS – 2020 CAMPER APPLICATION

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

CONSENT OF PARENT/LEGAL GUARDIAN

_______ (Initial) I hereby give my permission for my child/adult/self (NAME______________________) to attend and participate in sponsored and supervised programs, located at: Camp Courageous, 12007 190th Street, Monticello, Iowa 52310.

_______ (Initial) I understand that a camper’s medical and/or behavioral instability, as determined by the camp’s personnel and administration, may result in the camp’s inability to serve the camper and may result in the camper being sent home. I hereby agree not to send the camper to camp if he/she has been exposed to a contagious or communicable disease within two weeks of the date they are to attend camp, and I will give notification to the camp regarding the condition immediately.

_______ (Initial) I hereby give medical personnel at Camp Courageous permission to dispense medication, both prescription and non-prescription, to my child/adult/self. Staff under the direction of camp nurse may distribute medication away from base camp. I hereby give my permission to the medical personnel or dental personnel selected by Camp Courageous to order X-Rays, testing, treatments, hospitalization if necessary, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to services. I understand every attempt to contact me or my designee in the event of illness or emergency will be made by Camp personnel. I give permission for Camp Courageous to exchange/share medical, personal, or financial information with provided emergency contacts. I acknowledge receipt of the Health Insurance Portability and Accountability Act (HIPAA) form from Camp Courageous.

_______ (Initial) I hereby release Camp Courageous, its Board, employees, staff and volunteers from any liability for personal injury, property damage, or death resulting from my child/adult/self’s attendance at Camp Courageous, in both its natural and manmade facilities and grounds. I understand my child/adult/self will be spending extended periods of time outdoors being exposed to the elements (sun, wind, rain, winter), consumption of food and beverage, horseback riding, canoeing, swimming, archery, basketball, arts & crafts, music, high and low ropes courses, caving, a variety of adventure activities, and transportation to and from activity sites and all other activities. I also understand and hereby give permission to transport my child/adult/self to activities held outside of campgrounds.

_______ (Initial) I hereby will not hold Camp Courageous responsible for any damage to or loss of my child/adult or my personal property, including eye glasses, dentures, hearing aides, electronic devices, clothing and bedding.

_______ (Initial) I assume financial responsibility for any damage to the Camp Courageous facility or property caused by my child/adult/self.

Camp Courageous Photo Release

_______ (Initial) I authorize Camp Courageous, acting through its board, employees or volunteers, to take photographs, video recordings and/or audio recordings of the camper, including his/her name, image, likeness, performance, and/or voice recordings for use in the proper interest of the camp.
(Initial) I hereby state that the information on the application, I have already and continue to provide to Camp Courageous is true, accurate and complete to the best of my ability. I understand that the information I have provided enables Camp staff to place my child/adult/self with adequate staff members and as a participant of certain activities; if the information provided proves inaccurate it is the right of Camp Courageous staff members to deny my child/adult/self the right to participate and/or attend.

*All lines must be initialed before admittance to camp*

SIGNATURE OF LEGAL GUARDIAN______________________________________ DATE:____________

(must be signed before admittance to camp)

PRINTED NAME OF LEGAL GUARDIAN____________________________________________