



2017 Camp Arroyo

ENN Informed Consent Release of Liability

Participant Name

Address

City State Zip Code

Age of Participant at date of camp

Name of Guardian (if participant is a minor)

If the above-listed Participant is under 18 years of age, I hereby declare that I am authorized as their guardian to sign this Legal Release 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 Exceptional Needs Network (ENN) & their respective agents, employees, directors, officers, contractors, volunteers, in connection with Participant's participation 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, and 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, climbing wall, challenge ropes course, horseback riding, hiking, boating, and gardening. Possible injuries include sunburn, dehydration, heat stroke, slipping, falling, drowning, and other mild or serious injuries and conditions.
- 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, ENN 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. Participation in the program will expose the participant to food, activities and persons that may result in exposure to allergens and injury.
- 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 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 ENN, shall become property of and may be used by ENN, 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 ENN from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, 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 kirstenmichele@gmail.com 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 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 or high risk. I have submitted, to the best of my knowledge, complete health history information to the ENN and represent that Participant is free from medical or physical conditions that might create undue risk to Participant. I represent that Participant is fully capable of participating in this Program. Therefore, I assume and accept full responsibility 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 Exceptional Needs Network and 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.

Participant Signature (If age 18 or older)		Date:	
Parent/Guardian Signature		Date:	

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YMCA WILL ADMINISTER A SWIM TEST FOR EACH CAMPER
(FOR CAMPERS ONLY)

I, _____ (Parent/Guardian (Name)) Do _____ / Do Not _____ Grant permission for this evaluation of swimming abilities and I acknowledge and understand that this evaluation will be used to assign the time and degree of access to the pool. Camper's not passing the swim test must wear a life jacket when using the pool.

Parent/Guardian Signature		Date:	
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INSURANCE INFORMATION
(FOR CAMPERS ONLY)

Health Insurance Company	
Certificate Number	
Medi-Cal Number	

A Copy of Camper's Insurance Card should Accompany Camper to Camp. I hereby give permission to the Camp to secure proper medical treatment and/or attention for my Camper as considered necessary by the attending nursing staff. In such an instance, I understand that I will be notified as soon as possible. This must be signed by Parent or Guardian.

Parent/Guardian Signature		Date:	
Relationship to Camper		Date:	