# Logo, company name Description automatically generated

Winter Retreat 2024

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# REGISTRATION AND RELEASE FORM

CHILD'S NAME Click to enter text. SEX Select BIRTH DATE Click to enter text.

FATHER’S NAME Click to enter text. MOTHER’S NAME Click to enter text.

STREET ADDRESS Click to enter text. CITY Click to enter text.

STATE Click to enter text. ZIP Click to enter text.

MOM CELL NUMBER Click to enter text. DAD CELL NUMBER Click to enter text.

MOM E-MAIL Click to enter text. DAD E-MAIL Click to enter text.

**If Parent Cannot Be Reached In An Emergency, Please Contact:**

Name Click to enter text. Phone Click to enter text. Relation Click to enter text.

Name Click to enter text. Phone Click to enter text. Relation Click to enter text.

Name Click to enter text. Phone Click to enter text. Relation Click to enter text.

FAMILY PHYSICIAN Click to enter text. PHONE Click to enter text.

MEDICAL INSURER Click to enter text. POLICY# Click to enter text.

**MEDICAL HISTORY** (Check all that apply)

Has you child had a fever, infection or illness within the last 7 days? Click Yes or No.

**IMMUNIZATIONS**: COVID-19 TETANUS MENINGITIS VARICELLA

MEASLES MUMPS RUBELLA HEPATITIS A/B

OTHER: Click here to enter other.

**CONDITIONS**: Asthma Seasonal Allergies  Eczema Kidney Trouble

Diabetes Heart Trouble Dizziness Stomach Upset

Other Click here to enter other.

**PREVIOUS SURGERIES OR SERIOUS ILLNESSES**: Click to enter text.

**ALLERGIES:** List Allergen and Reaction *Ex: Peanuts- Shortness of breath* Click or tap here to enter text.

Click here to enter additional allergies.

**CURRENT MEDICATIONS:** List Name and Dosage *Ex: Zyrtec 5mg by Mouth Once Daily* Click here to enter text.

Click here to enter additional medications.

**SPECIAL DIET:** (name): Click or tap here to enter text.

**CHILDHOOD DISEASES:** Chickenpox Measles Mumps Whooping Cough

Other (list): Click or tap here to enter other.

**BEHAVIOR AND MENTAL HEALTH** (Check all that apply)

My child has a tendency to disrespect or defy authoritative figures

My child has a mental/psychological disorder

My child has been prescribed a medication to manage a mental/psychological condition

My Child has Autism My child has Bi-polar disorder

My child has a learning disability

My Child has R.A.D. (Reactive Attachment Disorder)

My child has a tendency to run/run away when upset or triggered

My child has a tendency to be violent or destructive when upset or triggered

Other Click or tap here to enter other.

**AGREEMENT TO ATTEND, PARTICIPATE,**

**ASSUMPTION OF RISK AND LABILITY WAIVER**

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my participation with Character Camp, certain risks and dangers will occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery, BB gun target range with protective safety glasses, recreational use of airsoft guns with protective safety glasses, wilderness hiking, swimming, use of watercrafts, and a challenge course which has a stair and a zip line. In consideration of Character Camp providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold Character Camp, its officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney’s fees, which may arise from or in connection with my stay or participation in any activities with Character Camp. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I certify that I/my child are current on required immunizations or are exempt from immunization requirements for reasons of conscience.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Character Camp, its business affiliates, its officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Character Camp, its affiliates, its agents, and employees.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release

contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

I, Click here to type signature. , agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures, including typed signatures, are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement. I further agree my typed signature on this document is as valid as if I signed the document in writing. This is to be used in conjunction with the use of electronic signatures on all forms regarding any and all future documentation with a signature requirement, should I elect to have signed electronically. Under penalty of perjury, I herewith affirm that my electronic signature, and all future electronic signatures, were signed by myself with full knowledge and consent and am legally bound to these terms and conditions.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood.

Dated this Click to enter day. day of Click to enter month., 20Click to enter year..

State of Click to enter state. County of Click to enter county.

Custodial Parent/Legal Guardian Typed Signature Click to type signature.