

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to voluntarily participate in **LWD CAMP** and associated activities and any recreational activities at the Palos Verdes High School.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT JORDAN GREY AT LWD@HEAVENTOTHEYEAH.ORG.

Assumption of Risks:

I understand that participation in this voluntary activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that LWD CAMP has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by LWD CAMP. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ Date: _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in _____, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the LWD CAMP, Let Women Decathlon, Heaven to the Yeah, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my/my child's participation in the above-listed program. This release includes claims based on the negligence of LWD CAMP, Let Women Decathlon, Heaven to the Yeah, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ Date: _____

Consent for Emergency Treatment:

I authorize LWD CAMP and its designated representatives to consent, on my/my child's behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ Date: _____

Medication:

It is camp policy to secure your consent for medicine distribution and medical devices, whether brought by your son, daughter, or ward is to be self administered or administered by the camp health supervisor. Therefore, do you wish your son, daughter, or ward to be responsible for their own medication _____ Yes _____ No

If NO, all medications brought to camp by a camper shall be: (a) in containers which identify the medications and the name of the camper, (B) kept in a locked unit, and (c) administered by the camp health staff as prescribed by a licensed physician with a record of treatment maintained.

Signature: _____ Date: _____

Signature of Parent or Guardian
(if Participant is Under 18) _____ Date: _____

*If your son, daughter or ward will be under 18 while participating in or through activities at LWD CAMP, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.



Health Conditions (check all that apply):

- Asthma
 - Diabetes
 - Epilepsy
 - Psychiatric
 - Cognitive/Developmental
 - Any dizziness, light-headedness or fainting associated with exercise within the past year
 - Any unexplained, rapid or irregular heart beat within the past year
 - A physician has sometime denied or restricted participation in sports due to a heart problem
- Name of Insurance Co.: _____

Allergies (check & list specifics):

- Insect stings _____
- Foods _____
- Medications _____
- Other _____

Do any allergies require an EPIPEN Injection? Yes No

Is an inhaler required and carried by youth? Yes No

Date of last Tetanus booster : _____

Policy #: _____

Please describe any limitation or restriction of event activities:

Any special accommodations regarding physical or emotional conditions that we need to be aware of regarding your child's participation in this event/camp (include circumstances when physician should be notified)?

Medications camper will be taking at camp:

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing Physician Name & Phone Number

1. Does the youth experience any side effects from the medication? (i.e., mood/behavior changes, upset stomach, Yes No diarrhea)

2. List any special instructions or additional information regarding the medication that would be helpful to the Health Care staff:

*** FOR EVENT/CAMP USE ONLY – TO BE COMPLETED BY HEALTH CARE STAFF AT CHECK-IN ***

Are there any changes in your child's health status since the medical forms were sent in? No Yes

Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month? No Yes

Does your child now have any rashes or open sores? No Yes

Are there any changes in your dependent's medications? (If Yes, Staff make changes & sign) No Yes

Does your child have any recent injury or activity restrictions? No Yes

Will the custodial parent(s) or guardian be available at the numbers listed on this form during the camping session? No Yes

If NO, list the name & phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the reverse side of this form:

Information provided by: _____

To: _____

Date: _____