



# Camp Fire Alaska – Camp K

## Release of Liability

[Parent for minor child]

**RELEASE, WAIVER, & HOLD HARMLESS** for minor child \_\_\_\_\_, by the undersigned parent/guardian.

**Media Release.** I understand that Camp Fire Alaska may take still photos, voice recording and video recording of my child for the sole use of Camp Fire Alaska, for promotional purposes. Examples of use include: sharing photos or videos of program and camp activities with parents and Camp Fire supporters; flyers, posters, and brochures produced by Camp Fire to increase public awareness and encourage enrollment in our programs; reports and proposals to funders and donors; slideshows and videos about Camp Fire events. My child will not be identified by name. If I do **not** agree to this promotional use, it is my responsibility to inform Camp Fire, in writing, at the time of registration that my child's image and voice are not to be used, by emailing [campfire@campfireak.org](mailto:campfire@campfireak.org), faxing 907-278-9829, or mailing 161 Klevin St, Suite 100, Anchorage AK 99508.

**Consent to Treatment:** I verify and certify that the medical information provided about my child is correct and complete. I understand that failure to disclose full and accurate medical information may result in program dismissal. I hereby give permission to Camp Fire Alaska to provide routine health care, medical treatment, and to administer prescribed medications and seek emergency medical treatment, including related transportation, ordering X-rays or routine tests. We consider testing for COVID-19 to be a routine test. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I authorize the physician selected by Camp Fire Alaska to secure and administer treatment, including hospitalization for my child. I also authorize the treating physician or facility to release pertinent medical information to the Camp Fire staff member in charge.

**Release of Liability/Hold Harmless:** In return for my child's attendance at Camp Fire Alaska programs ("Camp Fire programs"), I agree to indemnify and hold harmless Camp Fire Alaska and its employees, volunteers, or agents, from and against any losses, costs, damages, expenses, including attorney's fees, arising out of or resulting from claims or suits, brought by or on behalf of anyone, for any injury to my child, including death, whether such injuries occur on or off Camp Fire Alaska property or for any damage to my child's property occurring during the course of my child's participation at Camp Fire Alaska programs, alleged or claimed to have been caused in whole or in part, directly or indirectly, by any act or omission of any of Camp Fire Alaska's employees, volunteers, or agents. This agreement is a release and waiver of claims. In providing this waiver, I understand that my child will be participating in activities that carry risk, including transportation to and from Camp Fire Alaska programs. Program activities and transportation include inherent, foreseeable, and unforeseeable risks of harm and injury. Injuries can include slips, trips, falls, aquatic injuries, athletic injuries, and illness, including exposure to deadly viruses and bacteria. Program and group activities increase the risk of contracting illness, including COVID-19, a very contagious virus that spreads easily through person-to-person contact. I understand that the risks of participating in Camp Fire Programs include, but are not limited to, death, severe bodily injury, and permanent or short-term disability, which can impair my child's enjoyment of life, future ability to earn a living and to participate in a range of activities. Because of the dangers involved, I understand the importance of following instructions for program activities, including use of safety belts, staying seated as a passenger, following driver-imposed rules, and not distracting the driver, and other safety precautions, including handwashing, hygiene and limiting person-to-person contact. In signing this form, I certify my understanding of the risks being waived and agree to instruct my child to follow all instructions given by Camp Fire Alaska volunteers, employees, or agents to my child. In consideration for allowing my child's participation, I assume all risks associated with the program and transportation and agree to hold Camp Fire Alaska and its volunteers, employees, or agents harmless from any and all liability, causes of action, deaths, claims, or demands of any nature which may arise in connection with my child's participation, as well as their transportation to, from, and during Camp Fire Alaska programs or its activities.

In addition, I understand that Camp Fire Alaska attempts to provide adequate supervision, but there will be times when my child has minimum supervision.

As parent/legal guardian, I have read this Release of Liability and understand its terms. I understand that Camp Fire Alaska programs can involve a range of risks, only some of which are outlined above, and that Camp Fire Alaska does not warrant that injuries, illness, death or accident will be prevented, or that COVID-19 contagion will be avoided. It is my intent to release all liability, not just the liabilities arising from the risks identified. This release and assumptions of risk are made by me, for my child, my heirs and my estate, and all members of our family.

My child has permission to engage in all Council programs and activities except as specifically as documented for Camp Fire by our physician or by parent/guardian. I understand that each day when my child is brought to the program, I/we are personally certifying through our action that to the best of our knowledge, our child does not have symptoms of COVID-19 and that I/we do not suspected our child of having COVID-19.

CHILD /YOUTH PARTICIPANT'S FULL NAME: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **Print Parent's Name**

\_\_\_\_\_ **Parent's Signature**

\_\_\_\_\_ **Date**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you like more information about our programs?

Yes

No