

**Peninsula Puffers Asthma Camp  
AAFA Alaska Release of Liability/Hold Harmless Form**

I understand that Camp Fire Alaska & AAFA Alaska may take still photos, voice recording and video recording of my child for the sole use of **Camp Fire Alaska** and AAFA Alaska promotional purposes. Some examples of this use include: photos or videos of program and camp activities which are shared with parents and sponsors; flyers, posters, and brochures produced by Camp Fire and/or AAFA to increase public awareness and encourage enrollment in our programs; reports and proposals to funders and donors; slideshows and videos about asthma camp events. My child will not be identified by name. If I do not agree to the use of my child's image and voice, it is my responsibility to inform AAFA, in writing, at the time of registration that my child's image and voice are not to be used. This can be done by emailing aafaalaska@gci.net, faxing 907-349-0637, or mailing AAFA @ PO Box 201927. Anchorage, AK 99515

**Consent to Treatment**

I, the parent/legal guardian of \_\_\_\_\_ am verifying that this medical information is correct and complete. I understand that failure to disclose accurate information may result in my child's dismissal from the program. I hereby give permission to AAFA Medical staff to provide routine health care, medical treatment, administer prescribed medications and seek emergency medical treatment including necessary, related transportation, ordering X-rays or routine tests. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to AAFA Medical Staff to secure and administer treatment, including hospitalization, for \_\_\_\_\_. I also give permission to the treating physician or facility to release pertinent medical information to the AAFA Medical Staff member in charge. I understand that even though AAFA collects information, it is impossible to prevent every foreseeable and unforeseeable situation that may result in injury or death as a participant in this program.

In consideration for my child being allowed to attend Asthma Camp I shall indemnify and hold harmless AAFA Alaska Medical Volunteers, AAFA Staff and Central Peninsula Hospital 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, by or on the behalf of any persons, for any injury to my child, including death, whether such injuries occur on or off Camp Fire Alaska Council property, or for any damages to my child's property occurring during the course of my child's participation at Camp Fire Alaska Council programs alleged or claimed to have been caused, in whole or in part, or contributed to, by any act or omission of any of the indemnities identified herein. The terms of this agreement serve as a release.

**INSURANCE:** I understand that Camp Fire and Camp K do not carry or maintain health, medical or disability insurance coverage for my child, and that all volunteers and participants are expected to obtain their own medical or health insurance coverage

**Release of Liability**

I, the parent/legal guardian of \_\_\_\_\_, understand that my child will be participating in activities that have inherent risks and may need transportation to and from Council programs. I understand that activities and travel may include risk of injury. I understand that these risks include, but are not limited to, death and severe bodily injury. I also understand that these risks could lead to serious impairment of my child's future ability to earn a living, engage in business, and generally enjoy life. Because of the dangers involved, I understand the importance of any and all instructions for program activities and the use of safety belts, not distracting the driver, no standing up or excessive behavior and any other driver-imposed rules, and agree to instruct my child to obey all instructions given. In consideration for allowing the participation of my child, I hereby assume all the risks associated with program and travel and agree to hold AAFA Alaska and its volunteers, employees, or agents and Central Peninsula Hospital, 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 travel to, from and during Asthma Camp programs or its activities.

In addition, it is understood that Camp Fire Alaska Council attempts to provide adequate supervision, but that due to the nature of Council programs, there may be times when my child has minimum supervision. My child has permission to engage in all Council programs and activities except as noted by the physician or parent/guardian.

In signing this form, I certify my understanding of this form and agree to instruct my child to abide by all of the instructions given to my child by Camp Fire Alaska Council volunteers, employees, or agents and AAFA Alaska, volunteers, employees, or agents during my child's participation in Council programs. My child may be sent home from camp if unable to follow instructions.

I, as the parent/legal guardian, have read this Release of Liability and Hold Harmless Agreement and understand its terms. I understand that Council programs may involve many risks, including, but not limited to those outlined above. I understand that this is a release of liability.

In consideration for Camp Fire Alaska Council's employees transporting my child to and from Anchorage and to and from off site activities. I hereby agree to hold them their employees, volunteers, and agents harmless from any liability which may arise in connection with the transportation and supervision of my child while at Council programs.

The terms hereof serve as a release and assumptions of risk for me, my child, my heirs, and my estate, and for all members of our family.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Registering Parent/Adult: \_\_\_\_\_

