



# 2012 CONSENT & EMERGENCY CONTACT

Parent or guardian should complete all sections if participant is a minor.

## Consent and Release

In consideration for allowing me/my child to participate, I hereby assume all risk associated with participating in recreational activities and use of the facilities and amenities at the Woodlands. I agree to hold harmless and indemnify the Woodlands Foundation, Inc. and its employees, and do hereby release and forever discharge the Woodlands Foundation, Inc. and its employees, from all liability, causes of action, suits, debts, damages, claims, or demands of any nature whatsoever which may arise in connection with me/my child participating in any activity while at the Woodlands. The terms hereof serve as a release and assumption of risk for my heirs, estate and all members of my family.

**The Consent and Release signature will be valid from January 1, 2012, to December 31, 2012. Any changes in medical status during this time should be brought to the attention of the Program Manager.**

I, as the participant/parent/legal guardian, have read the above consent and release and understand its terms. I understand that participation in any activity in a recreational environment presents risk. By signing this consent I agree to release the Woodlands Foundation, Inc., and its employees from all liability.

\_\_\_\_\_  
Signature of participant/parent/guardian

\_\_\_\_\_  
Date

## Medical Treatment

I give consent for (participant's name) \_\_\_\_\_ to attend the residential camping program of the Woodlands Foundation, Inc. I am responsible for providing medical information. I permit staff of the Woodlands Foundation, Inc. to consent to and/or provide emergency medical treatment, administer medications, and treat minor illness/injury. In the event of a medical emergency, I permit staff of the Woodlands to activate the local Emergency Medical System (EMS), at which point the local EMS will provide treatment and provide transportation to the nearest hospital, UPMC Passavant in Cranberry Twp., Pa. I understand that any cost associated with treatment and/or transportation is my responsibility. Furthermore, in the event of a medical emergency, the staff of the Woodlands will contact one or more individuals listed as parent(s) or emergency contacts on this application, AND I understand that the contacted individual will be required to go to the hospital. I understand that I/my child will need medical clearance to return to the program.

I understand that the staff of the Woodlands will neither provide transportation in the event of a medical emergency nor physical support or treatment beyond the extent of their program training by the Woodlands Foundation, Inc.

Considering all of the above, I waive and release all rights and claims of any nature against all parties responsible for my/my child's care in the case of all injuries or damages of any nature, which may result while (participant's name) \_\_\_\_\_ is participating in the programs of the Woodlands Foundation, Inc. I further recognize that the Woodlands Foundation Inc. cannot be held responsible for the loss of clothing or personal property while I am/my child is at the Woodlands. I accept and acknowledge the risk in participating in the program.

Print Participant/Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT

Please list a person who can be contacted if there is an emergency and neither parent can be reached.

Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## CONSENT & PERMISSION (cont.)

Please initial all boxes where you give consent and sign at the bottom.

### Program Participation

I give my consent for me/my child to participate in all activities during my/their stay at camp, including but not limited to; pain management techniques, indoor and outdoor recreational sports, art, swimming, cooking, camping, computer classes, etc.

### Photographic/Audio Replication

I give my consent allowing photographs, videotapes, or voice recording to be taken of me/my child for educational or promotional purposes of the Woodlands' programs. I waive the right to inspect publications or products, which include me/my child prior to their release. This includes but is not limited to email, direct mailing, and social media such as Facebook®, YouTube®, and Twitter®.

### Field Trips

I give permission for (participant's name) \_\_\_\_\_ to participate in field trips during the summer or weekend programs and for the staff of the Woodlands to provide transportation if they deem it necessary.

### Home Transportation Release

I give consent for me/my child \_\_\_\_\_ to be released to the care of the below listed individual at the conclusion of program (e.g., grandparents, neighbor, another camper's parents, with whom the child is to ride home)).

\_\_\_\_\_ (name)

\_\_\_\_\_ (phone)

\_\_\_\_\_ (relationship to camper)

**Print Participant/Parent/Guardian's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant/Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_