



## Camp Erin Montgomery County, Maryland 2020 Camper Application

Dear Parent/Guardian,

Thank you for your interest in Camp Erin® Montgomery County. Camp Erin is a free weekend-long experience for children and youth ages 6-17 who are grieving the death of someone close to them. CaringMatters has been supporting children and youth grieving loved ones who died *from a variety of causes* for the past 17 years. The weekend activities are led by CaringMatters staff and trained volunteers.

Camp Erin Montgomery County 2020 will be held at Bar-T Mountainside 2914 Roderick Rd, Frederick, MD 21704. Camp begins **Friday, May 15th and concludes Sunday, May 17th**. Space is limited to a first come, first served basis with priority going to new campers.

Please complete this form and submit the entire packet, along with a picture of camper by **Thursday April 30th, 2020**. A separate application must be completed for each applicant. We will process applications as they are received and **will contact you to arrange an intake interview**. Intake interviews allow the camper and family to understand what they can expect from Camp Erin and help the camp staff learn how we can best serve the camper. Our intent is to include all applicants in the camp experience; but we will have a waitlist for overflow applicants.

If it is necessary for your child to take medications during the weekend, please keep a copy of the page titled **"Authorization to Administer Prescribed and/or Over The Counter Medication"** and bring it filled in by a physician along with the medicine to camp on Friday, May 15, 2020 at the latest.

**\*\*Please upload/attach a picture of the camper with the application.**

- The Camp Erin Kickoff Event will be held **Saturday May 2, 2020 from 3pm-4:30pm** at Bar-T Mountainside, 2914 Roderick Rd, Urbana, MD 21704. Free round trip transportation provided from CaringMatters to Bar-T. **It is important that all campers and families attend this event.** The purpose of the kickoff is to give campers and families the opportunity to become acquainted with one another and the camp staff. There will also be a question and answer session.

---

Please mail, email or fax to:

CaringMatters  
Camp Erin  
518 South Frederick Avenue  
Gaithersburg, MD 20877-2325  
Fax: (301) 990-4909  
[zemam@caringmatters.org](mailto:zemam@caringmatters.org)

Should you have any questions or concerns about Camp Erin or the application process, please call (301) 869-4673.  
We look forward to working with you and your camper!

Warmly,  
Zema Meseretu  
Camp Erin Coordinator  
(301) 869-4673  
[zemam@caringmatters.org](mailto:zemam@caringmatters.org)

CaringMatters 518 South Frederick Avenue, Gaithersburg, MD 20877-2325  
Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 | [CaringMatters.org](http://CaringMatters.org)  
United Way #8365 | CFC #42512

# CAMP ERIN CAMPER APPLICATION

*In order to provide a safe, healthy, learning environment for campers, it is important that you respond to all questions accurately to the best of your knowledge.*

• **Please upload/attach a picture of camper with application**

**1. PERSONAL INFORMATION (PLEASE PRINT)**

Camper Name \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) Names \_\_\_\_\_

Address \_\_\_\_\_

(if different from above) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Best time of day to reach you \_\_\_\_\_

Parent(s)/Guardian(s) e-mail address(es) \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Is either parent/guardian an active, reserve, National Guard, military member, or military veteran?

☐ Yes ☐ No If yes, what branch? \_\_\_\_\_

**Siblings:** Please list the names and ages of the applicant's siblings \_\_\_\_\_

**Special Needs** (i.e. physical limitations, language limitations, emotional, behavioral): \_\_\_\_\_

**Emergency Contact – You or another person must be available while your child is at camp.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Camper's School \_\_\_\_\_ Grade at time of camp (2019-2020 school year) \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Is the applicant fluent in English? ☐ Yes ☐ No If no, which language? \_\_\_\_\_

Camper's T-Shirt Size: **Youth** ☐ S ☐ M ☐ L ☐ XL **Adult** ☐ S ☐ M ☐ L ☐ XL

**Demographics** – The following information is solely for grant writing purposes.

**Race/Ethnicity:**

American Indian or Alaska

Hispanic/Latino

Native Asian

Middle Eastern/Arab

Black or African American

Native Hawaiian or Other Pacific  
Islander Multiracial

White/Caucasian

**Does the camper applicant qualify for or receive free or reduced lunch at school?**      Yes      No

Camper's Name: \_\_\_\_\_

**2. INFORMATION ABOUT YOUR CHILD'S LOSS**

Name of the deceased \_\_\_\_\_ Age at death \_\_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to the child: ☐ Parent ☐ Sibling ☐ Grandparent ☐ Other \_\_\_\_\_

Cause of Death	
Cancer	
Heart Disease	
Suicide	
Motor Vehicle	
Homicide	
Drug and Alcohol Disease/Overdose	
Natural Causes	
Stroke	
Drowning	
Military	
Other	

Place of death: ☐ Home ☐ Hospital ☐ Hospice  
☐ Other \_\_\_\_\_Did the deceased receive hospice care? ☐ Yes ☐ NoIf yes, was the hospice care at home? ☐ Yes ☐ NoWas your child present at the time of death? ☐ Yes ☐ NoDoes your child know the details of the death? ☐ Yes ☐ NoWas the deceased an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If yes, what branch? \_\_\_\_\_

Was the deceased the primary caregiver/guardian to the child? ☐ Yes ☐ NoDid the child live with the deceased? ☐ Yes ☐ NoDid your child attend the funeral/memorial? ☐ Yes ☐ No

If no, please explain \_\_\_\_\_

If yes, please explain the child's reaction to the service \_\_\_\_\_

Was this your child's first experience with death? ☐ Yes ☐ NoDoes the child avoid talking about the death? ☐ Yes ☐ NoDoes the child feel responsible for the death? ☐ Yes ☐ NoDoes the child express desire to die in order to join the deceased? ☐ Yes ☐ No

Is there any additional information about the death you wish to share? \_\_\_\_\_

**3. PREVIOUS LOSSES**

Relationship	Date of Death	Cause of Death

Have there been other changes or stressors in the child's life?

☐ Divorce☐ Illness☐ Home Relocation☐ School Relocation☐ Remarriage☐ Pet Death☐ Other: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

#### 4. GENERAL QUESTIONS ABOUT YOUR CHILD'S PRESENT BEHAVIOR

If your child has shown any of the following behaviors, please place a "✓" in the column. Check all that apply. This will not disqualify a camper. This allows us to better serve the camper.

General Observations/Behaviors	✓
Interacts well with peers	
Interacts well with adults	
Believes that death is a punishment	
Demonstrates aggressive behavior (i.e. hitting, biting, kicking)	
Hostile verbal behavior towards others (i.e. yelling, swearing)	
Poor impulse control	
Lies often	
Lack of concentration or memory	
Negative change in school performance (i.e. poor concentration, memory, lower grades)	
Sleep difficulties – sleep walking, disturbing dreams, bed wetting, inability to sleep	
Self-inflicted injuries or accidents (i.e. cutting, head banging, hair pulling)	
Worries about his/her safety or the safety of loved ones	
Feels nervous or anxious	
Alcohol or drug use	
Lack of interest in day-to-day activities	
Expressing thoughts of loneliness, isolation, etc.	
Cries often	
Expressing thoughts of suicide (if yes, please explain below)	

Please explain any behavior of concern \_\_\_\_\_

#### Which of the following activities have been helpful to your child:

- |   |   |
|---|---|
| <input type="checkbox"/> Talking with a friend  | <input type="checkbox"/> Talking with family                |
| <input type="checkbox"/> Writing or drawing   | <input type="checkbox"/> Talking or writing to the deceased |
| <input type="checkbox"/> Physical activity/sports   | <input type="checkbox"/> Visiting the gravesite             |
| <input type="checkbox"/> Talking with other supportive person (i.e., faith leader, teacher, coach, nurse, etc.) |   |
| <input type="checkbox"/> Other  |   |

Has your child ever attended a bereavement camp? ☐ Yes ☐ No

If yes, where and when? \_\_\_\_\_

Has your child attended a Good Grief Group in school? ☐ Yes ☐ No

Has your child attended a Family Night at CaringMatters? ☐ Yes ☐ No

Has your child every spent a night away from home? ☐ Yes ☐ No

Has your child been in therapy? ☐ Yes ☐ No

How did you hear about Camp Erin? \_\_\_\_\_

**CaringMatters 518 South Frederick Avenue, Gaithersburg, MD 20877-2325**

**Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 | CaringMatters.org**

**United Way #8365 | CFC #42512**

Camper's Name: \_\_\_\_\_

To the best of my knowledge, the above information is correct and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Camper's Name: \_\_\_\_\_

**INFORMATION ABOUT THE APPLICANT'S HEALTH**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Print

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Is the camper restricted from participating in physical activities?

If yes, please explain \_\_\_\_\_

**Health History** (check those that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies (food, animals, bee stings, medications, etc.) please list _____ | <input type="checkbox"/> Fainting                           |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Headaches, Stomachaches, Backaches |
| <input type="checkbox"/> Attention Deficit Hyperactive Disorder                                     | <input type="checkbox"/> Hearing Impairment                 |
| <input type="checkbox"/> Autism   | <input type="checkbox"/> Heart Disease                      |
| <input type="checkbox"/> Constipation/Diarrhea  | <input type="checkbox"/> Hepatitis                          |
| <input type="checkbox"/> Convulsions  | <input type="checkbox"/> Menstrual Cramps                   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Nosebleeds                         |
| <input type="checkbox"/> Ear Infections   | <input type="checkbox"/> Nightmares/Sleep Issues            |
| <input type="checkbox"/> Eating Disorder  | <input type="checkbox"/> Chronic Disease: _____             |
| <input type="checkbox"/> Emotional Problems   | <input type="checkbox"/> Wears Contact Lenses/Glasses       |
| <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Other: _____ (please specify)      |
| <input type="checkbox"/> Bed wetting  |   |

Please include additional information on checked items. \_\_\_\_\_

☐ Dietary Restrictions (including allergies, faith-based reasons, etc): \_\_\_\_\_**PLEASE LIST ALL MEDICATIONS THE APPLICANT IS CURRENTLY TAKING:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Is the applicant under a physician's care for a medical condition?

☐ Yes ☐ No

Please explain \_\_\_\_\_

Has the applicant had a physical/medical exam since the death of the loved one?

☐ Yes ☐ No

Has the applicant had a physical/medical exam during the current year?

☐ Yes ☐ No

Does the applicant attend a school in Montgomery County, Maryland?

☐ Yes ☐ No

**We require full disclosure of medical and behavioral information in order to best care for your child during camp. Inaccurate information may result in your having to send your child home from camp. We will try to accommodate where possible and have final decision on acceptance to camp.**

To the best of my knowledge, the above information is correct and accurate.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**CaringMatters 518 South Frederick Avenue, Gaithersburg, MD 20877-2325****Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 | CaringMatters.org****United Way #8365 | CFC #42512**

Camper's Name: \_\_\_\_\_

**CAMP ERIN AT CARINGMATTERS****AUTHORIZATION TO ADMINISTER PRESCRIBED AND/OR OVER-THE-COUNTER MEDICATION****Release and Indemnification Agreement****Part I – TO BE COMPLETED BY THE PARENT/GUARDIAN**

I hereby request and authorize the person (RN) responsible for medical care at Camp Erin to administer medication as directed. I agree to release, indemnify, and hold harmless CaringMatters and its officers, staff members, or agents from lawsuit, claim, demand, or action etc. against them, for administering prescribed medication to this child, provided CaringMatters staff are following the physician's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prescription: ☐ Renewal ☐ New The last dose was given at home on \_\_\_\_\_List all medication(s) being taken, including over-the-counter medications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Signature

Phone

Date

**PART II – PRESCRIPTION MEDICATIONS TO BE COMPLETED BY THE PHYSICIAN**

Only non-parenteral medications can be administered. Please use a separate form for each medication.

Name of Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Trade name and/or generic

Dosage: \_\_\_\_\_ Times(s) to be given: a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

Method of Administration: \_\_\_\_\_ Effective Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Side effects: \_\_\_\_\_

If PRN, specify: When indicated \_\_\_\_\_

Frequency of administration: \_\_\_\_\_

Physician's name (Print or type) \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Signature

Date

**PART III – TO BE COMPLETED BY THE CAMP ERIN REGISTERED NURSE**

Check as appropriate.

☐ Part I and II above are completed. ☐ Prescription medication is properly labeled by a pharmacist.☐ Medication label and physician orders are consistent☐ Over-the-counter medication is in original container with the manufacturer's dosage label and safety seal intact. All unused medications will be collected by the nurse at the end of camp.

RN Signature

Date



Camper's Name: \_\_\_\_\_

## INFORMATION AND PROCEDURES

1. No medication will be administered during the camp without the parent's/legal guardian's written authorization and a written physician's order. This includes both prescriptions and over-the-counter medications.
2. The parent/guardian is responsible for completing Part I and obtaining the physician's statement on Part II.
3. The medication must be delivered to the camp staff by the parent/legal guardian or, under special circumstances, an adult designated by the parent/legal guardian. Medications brought by a child will not be administered by the RN.
4. All prescription medications must be provided in a container with the pharmacist label attached. Nonprescription over-the-counter medication must be in a container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. The parent/legal guardian is responsible for collecting any unused portion of the medication at the end of the Camp weekend. Any medication that is unclaimed will be destroyed.
6. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/legal guardian and not that of CaringMatters. Medications without accompanying physician's orders and parental consent will not be stored in the health room.

## CUSTODY RELEASE FORM

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin, its staff, and/or its volunteers to release the child camper to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper if I am unavailable to do so:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CaringMatters, 518 South Frederick Avenue, Gaithersburg, MD 20877-2325**  
**Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 | CaringMatters.org United**  
**Way #8365 | CFC #42512**

Camper's Name: \_\_\_\_\_

**RELEASES****Parent/Guardian Permission Statement**

I certify that I am the parent/guardian of the above named child. The health history provided in this application is complete and correct to the best of my knowledge. The child described herein has my permission to engage in all prescribed Camp activities, except as noted. If she/he appears to be ill, I will not send her/ him to camp. I hereby grant permission to Camp Erin staff to share information contained in this application with the volunteer(s) working with the child.

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date**Release of Liability**

I understand and agree that CaringMatters, its Board of Directors, Staff, and Volunteers are released from any legal responsibility and/or liability for negligence real, implied, or imagined, arising out of any accidents or illnesses which occur while my child is attending Camp Erin, or being bused from The Cottage to the campsite to back to The Cottage. Camp Erin is not intended to be a substitute for specific individual advice or counseling. Accordingly, consultation with a competent professional advisor is strongly recommended, if needed.

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date**Publicity Permission**

Upon occasion, videotaping, and/or photography may occur during camp activities. This material may be used for future publicity for Camp Erin and CaringMatters. Personal comments and interviews may also be published by local media. With prior approval, I agree to my child being interviewed and having his/ her comments and/ or picture used for such purposes.

\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date**Authorization for Medical Treatment**

As the parent/legal guardian of the child applicant, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMPT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will not indemnify and will hold harmless Camp Erin for such care or related costs or expenses.

\_\_\_\_\_  
Physician's Name – Print\_\_\_\_\_  
Phone #\_\_\_\_\_  
Name of Parent/Guardian – Print\_\_\_\_\_  
Phone #\_\_\_\_\_  
Signature of Parent/ Guardian\_\_\_\_\_  
Date**Over-the-counter medication**

I give the camp nurses permission to administer over-the-counter medication (such as Tylenol or Benedryl) to my child while at camp.

\_\_\_\_\_  
Signature of the Parent/Guardian\_\_\_\_\_  
Date



## 2020 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, \_\_\_\_\_, understand that Eluna desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin® as a camper, employee or volunteer. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. By this Consent and Release Agreement ("**Consent and Release**"), I hereby grant certain rights to Eluna and release Eluna from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release confirms my child's and my grant of rights and our agreement is as follows:

**1. Grant of Rights.** For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna and its directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("**Images and Remarks**"); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose ("**Promotional Materials**").

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna therefor.

**2. Contact.** Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes, unless I opt out below.

**3. Release.** I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its directors, officers, employees and advisors (collectively, the "**Released Parties**") from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "**Harm**") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

(over please)

**4. Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

**5. Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna may, in its sole discretion, assign or transfer some or all of this Consent and Release.

**6. Governing Law.** This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

**7. Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: ☐ Camper ☐ Volunteer ☐ Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Camper Email (optional – to receive camper newsletter): \_\_\_\_\_

Parent or Guardian / Volunteer / Staff Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: ☐ Mobile ☐ Home \_\_\_\_\_

Guardian/Volunteer/Staff Email: \_\_\_\_\_

☐ I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)

## CAMP ERIN CAMPER CONTRACT

As a Camp Erin participant, I can expect to be treated with respect and kindness by the camp staff and my fellow campers. In return, I understand that I am expected to treat others with respect and kindness.

- I will respect my fellow Campers and the Camp Erin Staff. This includes being mindful of physical boundaries.
- I understand sexual harassment, stealing, bullying, and violence will not be tolerated.
- I understand the importance of keeping fellow campers' stories confidential.
- I understand drugs and/or alcohol are not allowed at camp.
- I will follow the rules for schedules, meals and bedtime.
- I will stay with a Camp Erin staff member at all times.
- I understand that cell phones, tablets, and other electronics are not allowed at camp.

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent/guardian

Please name a song(s) that has a special meaning to you and/or the person close to you who died.

Song: \_\_\_\_\_ Artist: \_\_\_\_\_

Camper's Name: \_\_\_\_\_



## Participant Agreement

Name of Group: \_\_\_\_\_

I, as a participant/parent of a participant in a program or outing at Bar-T Mountainside's Challenge & Retreat Center, understand that the Challenge & Retreat program at Mountainside has taken reasonable steps to ensure that all aspects of the program (including but not limited to challenge course; including high and low experiences, rock climbing, hiking, swimming, environmental activities, paintball, and sports) are conducted in a safe manner.

I/we further understand and accept that certain risks in the program activities and in the natural setting of the program at Mountainside cannot be eliminated without destroying the unique character of the program. These risks include but are not limited to the possibility of slips, falls, pinches, scrapes, twists and jolts that could result in bruises, sprains, lacerations and fractures. During participation in the program, a participant may also come in contact with plants or insects that could create hazards such as allergies. I, as a program participant or parent or guardian of a program participant, understand that the above description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death, and I/we certify that the program participant is capable of participating in this program; therefore, I/we agree to assume full responsibility for any bodily injury that may result from the inherent risks and for my/my child's own negligence, if any, while participating in the program. I also hereby authorize Bar-T Mountainside Challenge & Retreat Center (CRC) to utilize any photo/video or any other media containing images/sounds of myself/my child for promotional or other use.

I/we have read, understood, and accepted the terms of the agreement and have completed the medical and special needs information of this section (below) to the best of my knowledge. I/we acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative(s), estate, and for all members of my family.

X \_\_\_\_\_  
**Signature of Participant/Parent Guardian      Date      Print Name**

Please complete if participant is a minor.

The undersigned does hereby appoint the Challenge & Retreat Center at Mountainside and its employees and agents as our agent (standing in loco parentis) to make health care decisions on behalf of participant during the period that our child is participating in activities sponsored by the Challenge & Retreat Center at Mountainside. We acknowledge that the CRC and its employees and agents shall not be liable for the costs of medical treatment given pursuant to this authorization.

X \_\_\_\_\_  
**Signature of Participant/Parent Guardian      Date      Print Name**

### MEDICAL INFORMATION

The following medical and special needs information is needed to enable the program staff to be sensitive to participant needs and to modify program elements where appropriate. **PLEASE PRINT RESPONSES.**

Participant Name: \_\_\_\_\_ (Parent) Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Please list any physical limitations including allergies (to what, reaction and medical attention required); disabilities; medical restrictions; recent illnesses, injury, or operations; ongoing health conditions (heart trouble, high or low blood pressure, diabetes, epilepsy, etc.); and special needs the program staff may need to know about the participant:

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_