

Participant's Name: _____

School: _____

CODES RELEASE WAIVERS



This form must be completed by **ALL** individuals attending camp: Students, Teachers, Chaperones, and Aides.

GENERAL RELEASE WAIVER:

The undersigned, or on behalf of said minor, has asked Mile High Pines Camp (hereinafter "MHP") to be allowed to participate in activities offered at MHP. Activities may include but are not limited to: archery, rock climbing, low ropes course, gaga ball, sports, hiking, zip line, kayaking/canoeing, swimming. The undersigned acknowledges and understands that: (1) MHP activities involve physical exertion and other risks, (2) the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist, (3) the need/requirement to participate in the activities in accordance with the rules that are given and to follow directions given by any staff member, (4) it is each participant's responsibility to wear any and all safety gear deemed necessary by MHP, (5) a participant's physical and mental condition will enable him/her to participate safely in the activities. The undersigned, or on behalf of said minor, hereby waves and releases any and all claims, demands, actions, causes of action and rights (contingent, accrued, inchoate, or otherwise), defends, and holds MHP harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorney's fees and costs) arising out of, or in any way related to, the participation in activities at MHP, whether caused by MHP's active or passive negligence or otherwise.

Initials: _____

IMAGE RELEASE WAIVER:

The undersigned, or on behalf of said minor, also gives permission to MHP to use any photographs, video and audio of him/her for any promotional materials, including MHP websites and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Initials: _____

MEDICAL RELEASE WAIVER:

The undersigned, or on behalf of said minor, gives Mile High Pines Camp permission to provide or arrange necessary transportation, to secure and administer proper treatment as needed, and gives permission to release any records necessary for insurance purposes. They may also give information as necessary to all those who may be in care of the camper or adult at camp. The camp first aid personnel, director, or teacher may give pain relievers to myself/my child for minor ailments/complaints such as applying calamine lotion, or equivalent, for plant-related rash reactions, allergy medication, basic first aid, and other care based on the level of training may be given. I understand that camp personnel may not call parents/guardians before treating minor ailments during my child's camp stay. This is often the case for ailments such as headaches, cold symptoms, menstruation cramps, minor cuts, minor bruising, homesickness, use of as needed medications, etc. I understand that Education Code 49480 gives the camp and school nurse consent and permission to communicate with my child's/my physician and gain counsel regarding the possible effects of medication.

Initials: _____

INFECTIOUS & CONTAGIOUS DISEASE WAIVER:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). As a result, federal, state, and local governments and agencies recommend industry specific mitigation measures including but not limited to vaccination, mask wearing, increased personal hygiene practices, increased cleansing and sanitization procedures. We are maintaining compliance with local and federal mandates to ensure your safety and have enacted preventative measures and programming adjustments to reduce the spread of COVID-19, but we cannot guarantee that you, your child, or your family members will not become infected with COVID-19.

By participating in programs, services, and activities at our facility, you agree to the following:

On behalf of my child and myself, I hereby release, covenant not to sue, discharge, and hold harmless Mile High Pines Camp, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services, or activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Mile High Pines Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp-hosted or programmed event.

Parent/Guardian Signature (for all 4 waivers): _____ **Date:** _____

EMERGENCY CONTACT INFO:

Participant's Name: _____ Birthdate (mo/day/year): _____
Gender: Male Female Age at Date of Attendance: _____
School: _____ Camp Dates: _____
Primary Emergency Contact: Mr. Mrs. Ms. Dr. (required): _____
Relationship to Participant: _____ Day Phone: _____
Evening Phone: _____ Email: _____
Address: _____
Secondary Emergency Contact: Mr. Mrs. Ms. Dr. _____
Relationship to Participant: _____ Day Phone: _____
Evening Phone: _____ Email: _____
Address: _____

HEALTH HISTORY SCREENING:

1. Does your child have any physical limitations, conditions or difficulties? If so, please describe them & give instructions for care (e.g. diabetes, epilepsy, mobility concerns): _____

2. Is your child taking any medicine (e.g. prescriptions, over-the-counter medication, vitamins) with him/her to camp?

No Yes

If YES, please fill out the Medication Forms (pg. 6-8).

3. Please list all of your child's dietary considerations:

Peanut allergy (Severity: _____) Bringing an Epi-Pen for a food allergy
 Wheat allergy (Severity: _____) Does not eat pork
 Strawberry allergy Shellfish allergy Egg allergy
 Soy allergy* Gluten-free* (due to the following medical condition): _____
 Vegan* Gluten-free* (due to a lifestyle choice)
 Vegetarian & **WILL** eat soy products Vegetarian & **WILL NOT** eat soy products
 Lactose intolerant, my child **CANNOT** eat (circle each that applies): Pizza Ice cream Baked goods w/milk
 Other: _____

*MHP cannot avoid all allergens, but strives to keep a nut-free main menu; some of our products are manufactured by companies that also manufacture nuts, soy & gluten products. **If your child has a combination of two allergies, please contact camp to discuss dietary accommodations for your child.** This may require you to supplement your child's menu.

4. Please specify how the above dietary considerations will affect your child:

- My child will need substitutes for every meal where the item(s) above is served.
- My child will self-moderate and parents/guardians will send snacks to be eaten at meals if needed.
- My child will self-moderate and will not need substitutes for meals.
- Other: _____

5. Date of last Tetanus booster: _____

(Participants should have a Tetanus booster within the last 10yrs, or the period of time advised by your doctor.)

6. Date of last Physical: _____

To better serve your child and to protect your child's privacy, the following information is needed:

7. Do you consider your child to be in good health overall? Yes No

8. Please check the box if your child is or has suffered from the following:

- Allergies Ear Trouble Tuberculosis Asthma Heart Disease Seizures/Convulsions
- Wears glasses/contact lenses Eye Trouble Hernia Bronchitis Menstrual Cramps
- Stomachaches Kidney Disease Rheumatic Fever Homesickness Sleepwalking
- Any other serious illness or operations Child has been exposed to someone with an infectious disease
- Bed-wetting (please provide your child with GoodNites/bedwetting undergarments)

Please explain any items checked: _____

8. Will your child have a birthday during their camp stay? Yes No Date: _____

9. Is there anything else you would like us to know about your child? _____

10. Please note any health problems or illnesses your child has experienced in the month prior to attending CODES (e.g. flu, colds, asthma attacks, lice, etc.) _____

VERY IMPORTANT: If your child has an allergy that results in anaphylactic shock, please send **2 Epinephrine kits**. If the kits go unused, they will be returned to you. If your doctor's orders are to use Benadryl in conjunction with an Epi-Pen, send **both** to camp with your child.

ACKNOWLEDGEMENT & RELEASE OF LIABILITY:

I understand that should my child be sent home due to illness, injury, disciplinary issues, or any other reason, no amount of the fees paid to Mile High Pines Camp for my child to attend CODES School shall be refunded if my child did not withdraw from the program at least 2 weeks in advance of the camp start date.

I understand that my child cannot attend camp if his/her primary residence is currently lice or bed bug infested or has any other pest infestation, if my child is recovering from an infectious disease or illness, or if my child has been exposed to an individual exhibiting symptoms of COVID-19 within the last 14 days. I further understand that if my child becomes ill, contracts, or suffers from conditions or symptoms as a result of another camper unknowingly or knowingly bringing pests, infections or disease to camp, Mile High Pines Camp is not liable.

With the understanding that a certified teacher from my child's school will be on site and available, I give permission for my child to attend Mile High Pines Camp, and to participate in the activities involved. Further, I give my permission for the Camp Director or designated camp staff to obtain qualified medical/surgical assistance, in the event of an accident or illness, to my child with the understanding that I will be contacted as soon as possible if any emergency medical/surgical attention is necessary.

Parent/Guardian Signature: _____ **Date:** _____