



CODES RELEASE WAIVERS

This form must be completed by **ALL** parent/guardians or students attending camp.

GENERAL RELEASE WAIVER:

I have asked Mile High Ministries (hereinafter "Camp") to be allowed to participate in activities offered at Camp. Activities may include but are not limited to: archery, rock climbing, low ropes course, gaga ball, sports, hiking, zip line, waterfront, swimming. I acknowledge and understand that: (1) Camp 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 Camp staff, (4) it is my responsibility to wear any and all safety gear deemed necessary by Camp, (5) my physical and mental condition will enable me to participate safely in the activities. I waive and release any and all claims, demands, actions, causes of action and rights (contingent, accrued, inchoate, or otherwise), defend, and hold Camp 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 my participation in activities at Camp, whether caused by Camp's active or passive negligence or otherwise.

Initials: _____

IMAGE RELEASE WAIVER:

I give my permission to Camp to use any photographs, video and audio of me for any promotional materials, including Camp 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:

I give Camp permission to provide or arrange necessary transportation, to secure and administer proper treatment as needed, and give permission to release any records necessary for insurance purposes. Camp may also give information as necessary to all those who may be caring for me at camp. The camp first aid personnel, director, or teachers may give pain relievers to me 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 my emergency contacts before treating minor ailments during my stay. I gives Camp consent and permission to communicate with my primary care physician and gain counsel regarding the possible effects of medication as needed.

Initials: _____

INFECTIOUS & CONTAGIOUS DISEASE WAIVER:

The novel coronavirus, COVID-19, is no longer a worldwide pandemic but is still around. 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 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:

I hereby release, covenant not to sue, discharge, and hold harmless 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 Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or

Participant's Name: _____

School: _____

after participation in any camp-hosted or programmed event.

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

Date: _____

CODES at Mile High | 909-794-2824 x102 | www.codesschool.com | 42739 State Hwy 38, Angelus Oaks, CA 92305

CODES at Alpine | 909-337-3800 | 415 Club House Dr., Blue Jay, CA 92317

I opt out of promotional/marketing outreach.

EMERGENCY CONTACT INFO:

Name: _____

DOB (mm/dd/yyyy): _____

Gender: Male Female

Age at Date of Attendance: _____

School: _____

Camp Dates: _____

Primary Emergency Contact: Mr. Mrs. Ms. Dr. (required): _____

Relationship to Camper: _____

Day Phone: _____

Email: _____

Evening Phone: _____
(if different)

Address: _____

Secondary Emergency Contact: Mr. Mrs. Ms. Dr.: _____

Relationship to Camper: _____

Day Phone: _____

Email: _____

Evening Phone: _____
(if different)

Address: _____
(if different)

HEALTH HISTORY:

1. Does your child have any physical limitations, conditions, or difficulties? If so, please describe them & give instructions for accommodation (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?

Yes No If YES, please fill out the Medication Form.

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

Peanut allergy, severity: _____

Bringing an Epi-Pen for a food allergy

Wheat allergy, severity: _____

*Vegetarian & **WILL** eat soy products

No pork

*Vegetarian & **WILL NOT** eat soy products

No red meat (pork & beef)

*Gluten-free (medical reason)

*Egg allergy (**CANNOT** eat egg at all)

*Gluten-free (lifestyle choice)

Participant's Name: _____

School: _____

- Egg allergy (baked goods with egg are ok)
- Shellfish allergy
- *Soy allergy
- *Vegan
- Other: _____
- Lactose intolerant, my child **CANNOT** eat/drink (circle below):
Milk Pizza Cheese Ice cream
- Lactose intolerant, but baked goods made with dairy are ok
- None

*Camp cannot avoid all allergens, but strives to keep a nut-free main menu; some of our products are manufactured in facilities that also process meat, egg, nuts, soy, dairy, and gluten products. **If your child cannot have these foods, you will need to provide meal/snack substitutes.**

If your child is a vegan, a vegetarian who does not eat soy, if they cannot eat egg, cannot have dairy in baked goods, OR has a combination of these and other dietary considerations you MUST send food substitutes to camp.

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

- I will send meal/dessert/snack substitutes with my child to camp.
- My child will self-moderate and will not need substitutes for meals.

5. Date of last Tetanus booster: _____ (Should be within the last 10yrs, or as advised by your physician).

6. Date of last Physical: _____

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

8. Please check the box if your child currently has or has a history of:

- Asthma
- Frequent nosebleeds
- Kidney disease
- Sleepwalking/Night terrors
- Autism or an IEP
- Frequent stomachaches
- Menstrual cramps
- Tuberculosis
- Bronchitis/Pneumonia
- Heart Disease
- Rheumatic fever
- Visual impairment/Blindness
- Deaf/Hard of hearing
- Hernia(s)
- Seasonal allergies
- Wears glasses/contacts
- Ear trouble
- Homesickness
- Seizures/epilepsy
- Bed-wetting (pack bedwetting undergarments)
- Exposure to someone with an infectious disease in the last 5 days
- Any other serious illness or operations

Explain any checked items: _____

9. Will your child have their birthday during camp? Yes No Date: _____

10. Please note any serious and relevant health changes, problems, or illnesses your child has experienced in the month prior to attending camp (e.g. cold/flu, asthma attacks, COVID). _____

VERY IMPORTANT: If your child has a severe allergy that causes anaphylactic shock, please bring **2 Epinephrine kits to camp.** If they 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.

Participant's Name: _____

School: _____

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

ACKNOWLEDGEMENT & RELEASE OF LIABILITY:

I understand and agree that:

- A. If my child is sent home due to illness, injury, disciplinary issues, or any other reason, no amount of the fees paid to Camp shall be refunded if my child did not withdraw from the program at least two (2) weeks in advance of the camp start date.
- B. If my school's teachers and Camp have made the decision to dismiss my child from camp for any reason, I will abide by and support their decision, and will pick up my child immediately, regardless of time of day, condition, or convenience.**
- C. My child cannot attend camp if his/her primary residence is currently lice or bed bug infested or has any other pest infestation.
- D. My child cannot attend camp if he/she is recovering from a contagious disease or illness, or if my child has been exposed to an individual exhibiting symptoms of COVID-19 within the last five (5) days.
- E. 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, 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 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 and/or administer aid, in the event of an accident or illness, to my child with the understanding that attempts will be made to contact me in a timely manner if emergency medical or surgical attention is necessary.

Parent/Guardian Signature: _____

Date: _____

MEDICATION FORM:

Complete this form **ONLY** if your child will bring medications to Camp.

In order to serve all campers to the best of our ability, **DO NOT SEND:**

1. Daily multivitamins
2. Essential oils (Dr.'s note is required)
3. Over-the-counter generic pain reliever, cold or allergy medicine (this is already available onsite)
4. Pediasure or similar dietary supplements (unless it is being used to address a food allergy or restriction)
5. Allergy medication for campers who rarely have seasonal allergies (this excludes those who need it daily or for severe allergies)
6. Medication for motion sickness (especially if your child does not have a known history of this)

Sending unnecessary medications slows down our patient care process. You will see your child Tuesday before departure and on Friday upon return; if your child can go two (2) days without the above items, **DO NOT SEND** them.

STEP 1: Place the MEDICATION in a labeled Ziploc bag.

STEP 2: Give the bag to your child's LEAD TEACHER.

DO NOT pack medication in the luggage/suitcase.

CAMPER INFORMATION	DOCTOR'S INFORMATION
Name:	Name:
School Name:	Phone:
Date of Camp:	Doctor's Address:
Parent/Guardian Name:	
Relationship to Camper:	
Phone Number:	

According to Education Code §49423 a signed order from your child's doctor and the parent/guardian is **REQUIRED** if:

- a) The prescription on the bottle/box/tube is in a language other than English.
- b) The prescription on the bottle/box/tube does not match the dosage that you would like administered.
- c) The medication will not be used for its prescribed purpose. **DO NOT send this type of medication.**
- d) The medication is not intended for use based on the age of your child. **DO NOT send this type of medication.**

IMPORTANT: Unlabeled medication or loose medication (without the original packaging) **WILL NOT** be accepted or given to your child at camp.

Education Code §49480 gives the school nurse, with parental consent, permission to communicate with your child's pediatrician and counsel with Camp personnel regarding possible effects of medication.

Participant's Name: _____

School: _____

Please sign below, to give permission to Camp's Medical Monitor, Director, responding staff, and/or your child's teacher to assist in carrying out the medical instructions indicated on this form or providing medical care. Your signature also indicates your consent, as required, in the above Education Code Sections §49423 and §49480.

Parent/Guardian Signature: _____

Date: _____

MEDICATION INFORMATION

Submit all medication to the Lead Teacher before loading the bus.

(Send ESSENTIAL medicine only.)

MEDICATION	DOSAGE	SCHEDULE (When should we give the medication?)					REASON FOR MEDICATION	SELECT A CATEGORY FOR EACH MEDICATION	
		Before Breakfast	Before Lunch	Before Dinner	Before Bedtime	As Needed		OTC Over-the-counter Med	Rx Prescription Med
All medications & vitamins must be in the original package, box, or bottle and NOT EXPIRED.		Before Breakfast	Before Lunch	Before Dinner	Before Bedtime	As Needed	Provide necessary background info about the med.	OTC Over-the-counter Med	Rx Prescription Med
<i>Example: Amoxicillin 500mg</i>	<i>1 pill 3x/day (orally)</i>	X		X	X		<i>Antibiotic, after dental surgery. He may complain of pain, please give OTC pain reliever as needed.</i>		X

My child has my permission to take the listed medications to Camp and for certified camp staff or my child's teachers to assist and/or allow my child to take/apply these medications in addition to those below in the case of illness:

- a) Pain relievers for minor illness complaints.
- b) Calamine lotion, or equivalent, for plant-related rash reactions.
- c) Allergy medications, basic first aid, and other care based on the certification level of camp staff may also be given.

Camp staff will give care in accordance with their training and may not call parents before treating for minor ailments such as headaches, cold symptoms, menstrual cramps, minor cuts/bruising, homesickness, use of "as needed" medications, etc. Those campers that are bringing prescribed medication to camp must abide by Education Codes §49423 and §49480.

Remember: Submit all medication to school personnel (Lead Teacher) prior to loading the buses.

Parent/Guardian Signature: _____

Date: _____

Participant's Name: _____

School: _____

PARENT CHECKLIST FOR MEDICATIONS:

- ALL MEDICATIONS, OINTMENTS, INHALERS, ETC. HAVE BEEN TURNED IN TO MY CHILD'S TEACHERS.**
- All medications are appropriate for my child's age or have a doctor's note.
- All individual medications are clearly marked with my child's name.
- All medications are in their original packaging with dosage listed.
- All of my child's medications are in a plastic bag (Ziploc) with my child's name on it.
- All **medications AND medication forms** are in **English** and legible.
- All medical concerns have been communicated with school personnel.
- All medications being sent are needed daily or in emergency situations.