



2017 Fall Weekend Camp Application Waiver

Please read and sign the consent below. **If you are under age 18, please have at least one parent or legal guardian also read and sign the consent below.** This form must be filled out and signed by each participant (or his/her guardian) or they will not be allowed to participate or use the facilities or equipment.

I hereby give my full consent for me (my child) to attend the Association of Horizon, Inc. Fall Weekend Camp located at the Easter Seals Timber Pointe Outdoor Center in Hudson, IL from October 6th-8th, 2017 and to engage in all camp activities except those specifically noted here:

I will not hold Easter Seals-UCP Inc. and Association of Horizon, Inc. liable for any injuries that may occur to me (my child) at camp. Easter Seals-UCP Inc. and Association of Horizon, Inc. will not be responsible for the loss or damage to personal property during camp.

I agree to waive and relinquish all claims that I may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against Easter Seals-UCP Inc. or Association of Horizon, Inc. and their officers, agents, servants, employees, and affiliates.

I hereby give my full consent to the Easter Seals-UCP Inc. and Association of Horizon, Inc. to use my (my child's) name, picture, video, or writing for means of advertising or fundraising to further the purposes constituting the exempt function of the Easter Seals-UCP Inc. or Association of Horizon, Inc. I also consent to have my (my child's) name, address, e-mail address and telephone number included in the Association of Horizon camp roster.

If, after completing the camp application form, I (my child) am (is) unable to attend camp, I (my child) will notify the Association of Horizon, Inc. immediately!

In the event of an EMERGENCY, I hereby give permission to the health care professionals selected by the Easter Seals-UCP Inc. and Association of Horizon, Inc. to seek proper treatment (including injection, anesthesia, and surgery) for me (my child). Such permission shall include any and all medical treatment that is necessary or desirable in the absolute discretion of any such physician or hospital.

I further agree to indemnify and hold harmless and pay defense costs and defend Easter Seals-UCP Inc. and Association of Horizon, Inc. and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment that is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions that might jeopardize the camper's or others' health, safety, or well being at camp.

The Association of Horizon, Inc. has a zero tolerance policy on the following issues.

Please initial next to each item to signify that you understand.

No smoking _____ No alcohol _____ No illegal drugs _____ No weapons of any kind _____

The Association of Horizon, Inc. shall have the absolute discretion to set precedent in the matters of any smoking, drug, alcohol, weapons or physical or mental abuse. Association of Horizon, Inc. shall have the discretion to terminate a camper or attendant's stay at camp at any time due to inappropriate behavior that might jeopardize said individual's or others' health, safety or well-being at camp. The consequences of such violations shall include, but not be limited to: one year suspension of camp privileges; Horizon Community Service, hours to be determined based on offense, including serving on a committee or fundraiser and probation of months or years as deemed appropriate. If the Association of Horizon, Inc. terminates a camper or attendant's stay at camp for violation of the zero tolerance policy, no community service hours will be granted to the individual.

I agree to stay on the Timber Pointe Outdoor Center camp-site for the entire camp, unless approved by the Horizon Camp Director. I (my child) agree to abide by the rules and regulations set by the Easter Seals Timber Pointe Outdoor Center and Association of Horizon, Inc.

_____/17
Camp Applicant Printed Name Date

_____/17
Parent/Guardian Printed Name Date

Camp Applicant Signature

Parent/Guardian Signature (If applicant under 18)