Dear Friends of dBR,

**We are hosting our 21st year of Camp du Ballon Rouge in 2025!**

Du Ballon Rouge is a four-day camping program for Texas children ages 6 through 18 with a primary diagnosis of TS and a Leadership Training Program for returning campers/young adults ages 19 and 20.

**Camp is scheduled for Thursday, April 24 through Sunday, April 27, 2025.**
**(Drop off is approximately 530-6pm on Thursday, and pick up is after Lunch/Red Balloon Ceremony on Sunday)**

**You may now complete an application form (attached), which we will need in order to reserve a place for your child at camp. Even returning campers must complete NEW application forms each year.** The application itself has a total of 13 pages (11 pages from the Tourette Texas app and 2 pages from Camp Olympia), **all** of which must be completed and returned. Please also remember your **child's immunization records (see pg.8)**. If your child is exempt from immunizations, we will need proof of this exemption.

While Camp itself will remain **tuition-free** (the only tuition-free camp in the country), **we charge a $25 Application/Commitment fee**. This helps ensure those who have reserved placement actually attend. Unfortunately, Camp applications often exceed space. "No shows" deprive another deserving camper from attending. If you cannot afford the cost, we will waive it on a case-by-case basis. **Attached is a form to include with your $25 check** – or you may pay by credit card on-line with the QR code.

Please complete ALL forms and return to us as soon as possible. Your promptness will help reserve your child's space at camp and also help us plan for a more successful experience. Preference is given to returning campers, but places are currently still available for new campers. After review, notification of acceptance will arrive by **email**, providing **ALL** forms are properly completed and received. **We will begin responding around the end of March to your application.** ***BE SURE that you include your UPDATED EMAIL ADDRESS on page 4 so we can contact you.***

**Return forms promptly to:**
Tourette Association of Texas – Camp Du Ballon Rouge
3919 River Forest Drive
Richmond, TX 77406
**You may also scan and email to info@tourettetexas.org**
**OR fax to 281-238-0468.**

**Please note** that the physician form must be signed within 8 weeks of camp, after approximately 2/24/2025. Be sure to also include current immunization forms or an exemption form. **HOWEVER, DO NOT WAIT ON SUBMISSION OF ALL OTHER FORMS!**

We look forward to a great experience with your child. If your child has attended in the past but is **NOT** attending camp this year, please let us know, either by email (info@TouretteTexas.org) or phone (281-238-8096) so that we may open a spot for another child.

Love and hugs,

Mrs. Sheryl

Sheryl Kadmon, R.N.
Executive Director / Educational Specialist

Michael Conway
Camp Director

*Tourette Association of America - Texas*
*3919 River Forest Drive*
*Richmond, TX 77406*

**Camp du Ballon Rouge Application/Commitment Fee**
**$25.00 per Camper**. Non-refundable.

## INCLUDE YOUR PAYMENT WITH YOUR CAMP APPLICATION*

**TO PAY BY CREDIT CARD ON-LINE, USE THE QR CODE BELOW.**

Name: _____

Child(ren) Name(s) _____

Address: _____

City/ST/ZIP: _____

Email: _____

**TOTAL INCLUDED: $_____**

**Payment Method**
Cash _____ Check #_____ Credit Card Type_____ QR Code _____

**Card Information (if to be charged manually by Tourette Texas)**
Card Number: _____
Exp. Date: _____
Name on Card: _____
Card Billing Address: _____
Billing ZIP: _____ CVV: _____

***If this fee creates a hardship for your family, please contact Sheryl.**
281-238-8096 281-238-0468 fax
camp@TouretteTexas.org

du Ballon Rouge

Tourette Syndrome Association of Texas

## PARTICIPATION CONSENT

**I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.**

I understand and certify that my child _____ may participate in du Ballon Rouge and its activities at Camp Olympia, and that his/her participation is completely voluntary. I have familiarized myself with the programs and activities at du Ballon Rouge in which my child will participate. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not be limited to, the activities of horseback riding, high and low elements rope course, swimming, archery, canoeing and team sports such as soccer. I acknowledge that although the Tourette Syndrome Association of Texas and du Ballon Rouge have taken safety measures to minimize the risk of injury to program participants, the Tourette Syndrome Association of Texas and du Ballon Rouge cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I understand that under Texas Law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for du Ballon Rouge. I have received approval from a doctor authorizing my child to participate in du Ballon Rouge and its activities at du Ballon Rouge.

_____ _____

Parent or Guardian (Father) Date

_____ _____

Parent or Guardian (Mother) Date

## PERMISSION FOR TREATMENT

The health history described in the du Ballon Rouge Child's Program Information and Health History Form is correct to the best of my knowledge. In the event of an accident or injury involving my child _____ authorize the du Ballon Rouge and/or du Ballon Rouge directors, counselors, medical staff, volunteers or other executors to obtain medical treatment for my child. I give permission to the physician selected by the program director to order x-rays, routine tests, and treatments; and, in the event of any perceived emergency, I give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. I understand that payment of any medical expenses incurred by my child will be my responsibility.

The following is medical insurance coverage for my dependent. I understand that no health insurance will be provided by the Tourette Syndrome Association of Texas.

If Medicaid, indicate number: _____

Name of Insurance Company: _____

Policy Nurnber: _____ Group Number: _____

Name of Insured or Holder: _____

_____ _____

Parent or Guardian (Father) Date

_____ _____

Parent or Guardian (Mother) Date

du Ballon Rouge

Tourette Syndrome Association of Texas

## LIABILITY RELEASE

**I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.**

I, the undersigned, understand that occasionally accidents occur during program activities, and that participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risks of program activities, I nevertheless agree to assume those risks. By signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors and administrators, and anyone claiming by, through or under any of them. I HEREBY RELEASE AND FOREVER DISCHARGE THE TOURETTE SYNDROME ASSOCIATION OF TEXAS AND DU BALLON ROUGE, AND EACH OF THEIR OFFICERS DIRECTORS, EMPLOYEES, AND AGENTS (THE "RELEASED PARTIES") FROM ALL CLAIMS, CAUSES OF ACTION OR DAMAGES ARISING OUT OF ANY INJURY, ILLNESS OR LOSS OF ANY KIND, THAT MAY BE SUSTAINED BY MY CHILD DURING OR RELATED TO MY CHILD'S ATTENDANCE AT DU BALLON ROUGE, WITHOUT REGARD TO THE CAUSE OR CAUSES OF SUCH INJURY, ILLNESS, OR LOSS, EVEN IF SUCH CLAIMS, CAUSES OR ACTION, OR DAMAGES ARISE FROM THE NEGLIGENCE OR CARELESSNESS OF THE RELEASED PARTIES.

_____ _____

Parent or Guardian (Father) Date

_____ _____

Parent or Guardian (Mother) Date

## MEDIA RELEASE

I hereby give the Tourette Syndrome Association of Texas and du Ballon Rouge the right to interview and/or take photographs, audio, or audio-visual recordings of my child, _____, to be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets and brochures. The Tourette Syndrome Association of Texas and du Ballon Rouge shall have the right to use photographs or other images of my child in promotional, educational, or fundraising materials. I hereby release the Tourette Syndrome Association of Texas and du Ballon Rouge from any and all claims arising out of such photography, reproduction, publication or exhibition as is authorized by the Tourette Syndrome Association of Texas and/or du Ballon Rouge . I acknowledge that I have legal authority to sign this form on behalf of the above-mentioned child.

_____ _____

Parent or Guardian (Father) Date

_____ _____

Parent or Guardian (Mother) Date

du Ballon Rouge

Tourette Syndrome Association of Texas

## RELEASE OF INFORMATION TO CHILD'S PHYSICIAN

**I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.**

I hereby authorize the program medical director to disclose any and all records pertaining to my child's physician. I, on behalf of my child, hereby release the Tourette Syndrome Association of Texas and du Ballon Rouge from all legal responsibility and liability whichmay arise from the release of these records to the physician(s) below.

Physician Name_____Phone _____

Address_____State_____.Zip_____

Type of doctor (neurologist, pediatrician, etc.)_____

Physician Name_____Phone _____

Address_____State_____Zip_____

Type of doctor (neurologist, pediatrician, etc.)_____

_____ _____

Parent or Guardian (Father) Date

_____ _____

Parent or Guardian (Mother) Date

du Ballon Rouge

Tourette Syndrome Association of Texas

**CHILD'S PROGRAM APPLICATION**

All Information is confidential.

Child's Name: _____
Last First Middle Initial

Address: _____
City State Zip Code

Sex: Male _____ Female _____ Age: _____ Birthdate: _____

School: _____ Grade next fall: _____

Lives with both parents _____ Lives with one parent: Father _____ Mother _____ Guardian _____

_____ ( ) ( )
Mother's Name Home Phone Cell Phone E-mail Address

_____
Place of Business Address, City, State, Zip

_____ (____) _____ (____) _____
Position Business Phone Fax Number

_____ ( ) ( )
Father's Name Home Phone Cell Phone E-mail Address

_____
Place of Business Address, City, State, Zip

_____ (____) _____ (____) _____
Position Business Phone Fax Number

EMERGENCY NOTIFICATION - In the event we are unable to contact parent(s) in an emergency, we will call the following persons regarding your child. If parents are out of town during the week of the program, we must have a number where they may be reached.

_____ ( ) _____ (____) _____
Emergency Contact Home Phone Business Phone

_____
Street City State Zip Code

_____ (____) _____ (____) _____
Emergency Contact Home Phone Business Phone

_____
Street City State Zip Code

Tourette Syndrome Association of Texas
3919 River Forest Drive
Richmond, TX 77469
Phone: 281-238-8096 Fax: 281-238-0468
e-mail: tourettetexas@aol.com

du Ballon Rouge

Tourette Syndrome Association of Texas

**CHILD'S PROGRAM INFORMATION**

We would like to know a little bit about each **child** before he/she gets to the program. Please have your child answer the following questions, as this form will be copied for the cabin counselors.

My name is _____ and I like to be called _____.

I am _____ years old, and I am in the _____ grade.

This will be my _____ year at du Ballon Rouge.

My Tee- Shirt Size is _____ (e.g., YS, YL, AdS, AdM)

I would like to have _____ as my cabinmate during the program.

My favorite school subjects are _____

One thing I'm really good at doing right now is _____

My favorite thing to do is _____

The thing I would like to do the most at the program is _____

These are a few things I have questions about _____

_____

Something I want my counselor to know about me is _____

_____

When I get angry or upset, I ... _____

I know how to swim. Circle One: Yes A Little No

Have you ever been to a sleepover before? _____

When was it? _____ Where was it? _____

How did you like it? _____

du Ballon Rouge

Tourette Syndrome Association of Texas

**CHILD'S PROFILE**

**This form will be reviewed by your child's counselor prior to the program.**

Child's Name _____
Last First Middle Initial

Sex: M _____ F _____ Age: _____ Birthdate: _____

Does your child have special fears, emotional or behavioral problems? If so, please explain:

_____

How do you deal with the behavioral problems? _____

_____

Has your children ever been away from home, without parents, for more than 3 days? _____

Sleep habits: Light _____ Heavy _____ Sleepwalker _____ Nightmares _____ Bedwetting _____

How are sleep issues handled at home? _____

Does your child wear: Glasses _____ Contacts _____ Hearing Aid _____ Retainer _____ Other _____

**Description of Symptoms**

Motor & Vocal Tics _____

_____

Obsessive-Compulsive Symptoms _____

_____

Attention-Deficit-Hyperactivity Disorder Symptoms _____

_____

Triggers for Loss of Self-Control _____

_____

What interventions work best to help your child gain control? _____

_____

Does your child have other special needs that would be helpful for the Counselor to know? _____

_____

du Ballon Rouge

Tourette Syndrome Association of Texas

**MEDICAL PROFILE *FROM PHYSICIAN***

**To be completed by a licensed physician and mailed, emailed or faxed to Tourette Assoc.-TX**

**Health certification MUST be dated within 8 weeks of participation in the Program.**

Child's Name _____
Last First Middle Initial

Sex: M _____ F _____ Age: _____ Wt: _____ B/P: _____ Allergies: _____

**Explain items below using code: √ - Satisfactory X – Not Satisfactory**

Eye ____ Ears ____ Nose ____ Throat ____ Heart ____ Lungs ____ Abdomen ____ Skin ____ Extremities ____

Abnormal Findings _____

Diagnosis _____

Other chronic or recurring illnesses or handicapping conditions _____

_____

Describe any associated behavioral difficulties _____

_____

**List all medications child is currently taking.**

| MEDICATION NAMES | STRENGTH | FREQUENCY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Are all immunizations up to date? YES _____ NO _____**

Special instructions/Comments/Limitations: _____

_____

I have examined the person herein described and have reviewed the health history. It is also my opinion that this child is physically able to engage in the Program activities as noted above.

I confirm that this child has a **primary diagnosis of Tourette's disorder,** and does **not** have a primary diagnosis of the following: functional tics, functional neurologic symptom disorder, psychogenic movement disorder, or conversion disorder, as these symptoms may worsen when exposed to other people with involuntary movements/sounds.

_____ _____ _____ _____

Examining Physician Date Phone Number (with A/C) Fax Number (with A/C)

**MAIL, EMAIL, OR FAX TO**: Tourette Association of Texas 3919 River Forest Drive Richmond, TX 77406
camp@TouretteTexas.org 281-238-046

du Ballon Rouge
Tourette Syndrome Association of Texas

**MEDICAL FORM**
**To be completed by parent**

**CHILD'S NAME:** _____
Last First Middle Initial

**HEALTH**

Child's health, in general: Excellent _____ Average _____ Below average _____

Does your family currently have medical/hospital insurance? Yes ____ No ____ Carrier _____

Policy # _____ Group # _____

Name of policy holder: _____ Relationship to child _____

**TOURETTE SYNDROME SUMMARY (further explanations on pg 6)**

When was your child first diagnosed? _____

Describe motor and vocal tics _____

_____

Describe obsessive-compulsive symptoms _____

_____

Describe attention-deficit hyperactivity disorder symptoms _____

_____

What interventions work best to help your child gain control? _____

_____

**HEALTH HISTORY** Please check all that apply and review with your child's physician at time of examination

_____ Asthma _____ Cerebral Palsy _____ Intellectual Disability ____ Diabetes
_____ Heart defect/disease _____ Frequent Ear Infections _____ Bleeding/clotting disorder

Other chronic or recurring illnesses, or conditions _____

**CHILDHOOD DISEASES** Please record date (month/year) of infection

_____ German Measles _____ Mumps _____Chicken Pox _____ Measles
_____ Other – Please describe: _____

**IMMUNIZATION HISTORY**

**SEND COPY OF RECORD – *OR* – Please record date (month/year) of basic immunizations**

_____ DPT Series _____ DPT Booster _____ Measles Vaccine (live)
_____ Polio OPV (Sabin) _____ Polio Booster _____ Mumps Vaccine (live)
_____ German Measles _____ Tetanus Booster _____ Tubercullin Test _____ Other

**MISCELLANEOUS**

Please list any and all allergies (including drugs, plants, food, etc.) _____

_____

Operations or serious injuries (dates) _____

Does your child wear glasses, contacts, hearing aid, retainer, etc.? _____

du Ballon Rouge

Tourette Syndrome Association of Texas

## MEDICATION ADMINISTRATION FORM

During the weekend of the program, medications will be administered by the du Ballon Rouge nursing staff.

CHILD_____

Last Name First Name Middle Initial

1. List ALL medications your child takes on a daily basis (include name, strength, dosage and frequency).
2. Please adapt your child's medication administration to the times listed below.
3. For medications given on an "as needed" basis, write in the instructions after the medication.
4. Please list any special needs/preparation your child requires when taking his/her medication. (i.e., crushing, special food or drink.)

| MEDICATION NAME | STRENGTH (MG) | BREAKFAST | LUNCH | AFTER-NOON | DINNER | NIGHT |
|---|---|---|---|---|---|---|
| Ritalin | 10 mg tablet | 1 tablet | 1 tablet | 1 tablet | | |
| Depakene | 20 mg per tsp. | 1 teaspoon | 1 teaspoon | | | |
| Ventolin Inhaler | 2 puffs | every | 4 hours | as needed | for | wheezing |

| MEDICATION NAME | STRENGTH (MG) | BREAKFAST 8:00-9:00 AM | LUNCH 12:00-1:00 PM | AFTERNOON 3:00-4:00 PM | DINNER 6:00-7:00 PM | NIGHT 9:00-10:00 PM |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Special instructions to assist with medication administration to your child._____

_____

Parent Signature_____ Date_____

SEND THIS FORM TO THE TOURETTE SYNDROME ASSOCIATION OF TEXAS
WITH THE REST OF YOUR CHILD'S FORMS.

du Ballon Rouge
Tourette Syndrome Association of Texas

## PROGRAM RULES AND REGULATIONS

The rules and regulations of du Ballon Rouge are necessary to ensure a smoothly functioning program. They have been established for all staff and campers. From time to time, it may be necessary to amend these rules as the situation warrants.

1. The following are not permitted during any part of the du Ballon Rouge program:
   - Alcoholic beverages
   - Knives, Fireworks, Firearms or other weapons (except as they relate to the program curriculum)
   - Pets (except for certified service animals)
   - Drugs (except for prescription drugs and other legal drugs provided by the User Group and necessary for members of such User Group. These drugs must be controlled and dispensed by identified, responsible members of the User Group). All other drugs of any nature are strictly prohibited at the du Ballon Rouge program campsite.

2. Camp Olympia is a **SMOKE-FREE facility**. This policy covers the smoking of <u>any</u> tobacco product, including "vaping". All Partner staff, campers, volunteers, visitors and staff are prohibited from engaging in any of the following conduct:
   - Smoking tobacco and vaping are not allowed within the facilities or on the property of at any time.
   - Smoking tobacco and vaping are not allowed in any vehicle at any time.
   - Smoking tobacco and vaping are not allowed in personal vehicles when transporting people on Camp du Ballon Rouge authorized business.
   - Smoking tobacco and vaping are not allowed within ½ mile of the Camp Olympia property line.

3. Phone Policy.
   Cell phones are prohibited at Camp. If in your child's possession, they will be collected and held with medications in the Health Center. They will be returned on Sunday to parents with their child's medication.
   Cell phone reception is very poor at the camp site. If Campers wish to call a parent, please check with Counselors or other Camp Staff. They will have access to land lines.

4. Vehicles are not permitted beyond designated parking areas. Vehicles must be parked in designated areas. A maximum limit of 10 mph must be observed on Camp property.

5. The use of personal sports equipment, such as "skate boards" and "roller blades" is not permitted.

6. All Camp facilities must be left clean and free from debris at the end of any program use.

7. Du Ballon Rouge is not responsible for loss or damage to personal property.

8. I understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.

9. <u>Most importantly</u>, Camp dBR is a safe place to nurture friendships and promote self-growth. "Romantic relationships" are inappropriate, as they are often extremely counter-productive to this important goal. Please discuss this with your child prior to Camp.

_____

**Parent Signature**

**PLEASE RETURN THIS PAGE**

du Ballon Rouge

Tourette Syndrome Association of Texas

**I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.**

## TOURETTE TEXAS IMMUNIZATION POLICY/CONSENT FORM

Tourette Syndrome Association of America – Texas Chapter (Tourette Texas) encourages its campers to have all standard immunizations generally required by Texas public schools. However, Tourette Texas recognizes that some families object to childhood immunizations and exempt their children from the public-school immunization requirement. Those parents/guardians who have signed the appropriate Texas exemption form may present a copy of the executed Texas immunization form, and Tourette Texas will accept exempted children to Camping Program without immunizations.

By signing in the space provided below, parents/guardians recognize and agree to this immunization policy, including the recognition that some campers attending du Ballon Rouge may not be immunized against certain childhood diseases.

Child's name: _____
(Please print)

_____
Parent/Legal Guardian signature

_____
Date

**CAMP OLYMPIA RELEASE, INDEMNITY AND MEDICAL TREATMENT AUTHORIZATION**

GROUP NAME: _____

NAME OF PARTICIPANT(S): (print) _____

PARENT/GUARDIAN NAME: (print) _____

I am aware that during my/my child's stay at Camp Olympia, I/my child will be participating in many physical activities, and I/my child may encounter certain risks and dangers. These risks and dangers include, but are not limited to, serious bodily injury or death due to the hazards of being in a wilderness area, the forces of nature, and other risks and dangers because of the activities offered, and the nature of the grounds and facilities, at Camp Olympia. I am aware that Camp Olympia is located on a lake and has a swimming pool on the premises, and that I/my child will have the opportunity to participate in aquatic activities, including, but not limited to, swimming, boating, canoeing, and any other activity arranged. I am aware that Camp Olympia offers challenge course activities with high elements up to 35 feet high for which a belay system is used as well as low elements approximately three feet high for which ground spotters are used. I am also aware that Camp Olympia offers other activities including, but not limited to, team and individual sports, miscellaneous games, archery, riflery, horseback riding, and all aspects of camping. Furthermore, I am aware that I/my child will be interacting with individuals from all around the world, and although certain precautions will be taken to ensure the health of all campers and staff members, Camp Olympia cannot guarantee me/my child will not be exposed to certain viruses, bacteria, and other potentially dangerous diseases. I am aware that I/my child will ride in camp buses or vehicles. I hereby give my permission for myself/my child to ride in camp buses and vehicles. I understand that Camp Olympia could be filming and taking photographs which might include me/my child and that Camp Olympia might use such filming and photographs in promotional materials. Individually and on behalf on my child, I consent to myself/my child being filmed and photographed and to use such filming and photographs for promotional purposes. I understand it is my sole responsibility to decide on and implement any activity restrictions which I deem necessary for my/my child's personal welfare and safety.

**AS ADDITIONAL CONSIDERATION FOR MYSELF/MY CHILD BEING PERMITTED TO PARTICIPATE IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA, I, INDIVIDUALLY AND ON BEHALF OF MY CHILD, HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS CAMP MANAGEMENT, INC., CAMP OLYMPIA, INC., AND CAMP MANAGEMENT FOODS, INC. WP REALTY, L.P. DBA WHISPERING PINES GOLF CLUB, OLYMPIA REALTY CORPORATION, THE SPIRIT GOLF ASSOCIATION, RC HILLCREST, L.P., AND THEIR RESPECTIVE SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES (ALL SUCH ENTITIES AND INDIVIDUALS BEING REFERRED TO COLLECTIVELY HEREINAFTER AS THE "RELEASED PARTIES") FROM ANY AND ALL LIABILITY TO ME FOR LOSS OR DAMAGE ON ACCOUNT OF INJURY TO ME/MY CHILD OR MY PROPERTY AND ANY AND ALL EXPENSES, INCLUDING WITHOUT LIMITATION ATTORNEY'S FEES, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT) OR GROSS NEGLIGENCE OF THE RELEASED PARTIES, AS A DIRECT OR INDIRECT RESULT OF MY/MY CHILD'S ATTENDANCE AT CAMP**

**OLYMPIA AND/OR MY/MY CHILD'S PARTICIPATION IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA.**

I have read and voluntarily signed this Release and Indemnity, and I further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I understand this document includes a full and final release and indemnification of all claims.

In case of accidents or illness, I authorize Camp Management, Inc. to request and obtain necessary medical services for my child*/me should an emergency arise as determined by the camp director. I acknowledge and understand that the cost of any such medical care is my financial responsibility and/or that of my legal guardian, if any.

| | |
|---|---|
| _____ | _____ |
| Date | Signature of Participant *(must be at least 18 years of age)* |
| _____ | _____ |
| Date | Signature of Legal Guardian(s) (if applicable) |
| _____ | _____ |
| Date | Signature of Legal Guardian(s) (if applicable) |
| _____ | _____ |
| Date | Signature of Witness |

Home Phone No. _____ Work Phone No. _____

Name and Phone Number of a person who should be contacted in the event the participant's legal guardian cannot be reached:

Name: _____ Phone No.: _____

*Or ward if and as applicable