

CAMP CREATE U! 2023 July 24th thru July 28th



REGISTRATION FORM

Shirt Size (please circle): Children's: sm, med, lg, xl

Adult's: sm, med, lg, xl, xxl, xxxl

hild's Name:			
hilds' DOB:	Grade:	School:	
arent/Guardian Na	me (s):		
ddress:		-	
	Alternate		
mail Address:			
By checking this box, I	am notifying you that this is a returning	camper and nothing has changed, b	ut I have signed all applicable con
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the event of an emandame: ame: who may pick up this ame: ame: written notice is reconstructed and the second and the secon	Relation: Make checks payable	ct if you cannot be reached Phone: Phone: Phone: Phone: Outside the Box! CHECK #	nes designated above. Paid: \$00

My signature below indicates that I have read and understand fully the information contained herein and agree to comply with the same. I understand and hereby knowingly, freely, and voluntarily waive any right or cause of action against, Outside the Box, Inc. & Studio OTB, its officers, agents, and/or employees arising out of any claim whatsoever as a result of any injuries to body, life, limb, or property arising from participation in the hereinafter described activity. The undersigned shall hold harmless, Outside the Box, Inc. & Studio OTB, against all judgments, orders, decrees, attorney's fees, costs, expenses, and liabilities arising from or out of such a claim, investigation, or defense thereof which may be entered, incurred, or assessed as a result of the foregoing.

1. I hereby give permission for my child,______, to participate in this

2.		respect for staff, property,	and other children must be demonstr	
	program.		·	
3.			tudioOTB approval to use photos of yother literature published by Outside	-
Daren [.]	t/Guardian:		Date:	
arch	y Guardiani.			
If med below	•	I to be administered to you	r child during camp hours please indica	ate
Name	of Medication	Dosage	Time to be given	
Allergi	ies:			
Please	e list any needs or special ir	nstructions in the:		
Dietar	y/food preferences:			
Mobil	ity/ambulation:			
Toileti	ng/personal hygiene:			

Communication:	
	s accompanying them? (nurse, PA staff, waiver 1:1, ABA
therapist)	
By signing below I give my consent for the medication and dosage per my instruction.	staff and/or volunteers to administer the above indicated
Parent/Guardian:	Date:
· · · · · · · · · · · · · · · · · · ·	Inscreen Lotion, SPF30 and Cutter ® Advanced Insect tdoor activities. If your child requires a certain product please
Parent/Guardian:	Date:
Please indicate any other information we r	may need to know about your child:
Parent/Guardian:	Date:



While conducting Camp Create U 2023 sponsored by Outside the Box, we will act in a consistent manner as recommended by the CDC and the local authority of the Fishers Department of Health. Participants will be strongly encouraged to practice personal hygiene and awareness to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Outside the Box has put in place preventative measures to reduce the spread of COVID-19. However, we cannot guarantee that its participants, volunteers, vendors, or others in attendance will not become exposed to or infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not come to camp. Therefore, by attending Camp Create U events, you certify that you do not fall into any of the following categories:

- 1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include, but are not limited to, fever, cough, loss of taste/smell and shortness of breath, among others.
- 2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
- 3. Individuals who were. or believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include, but are not limited to fever, cough, and shortness of breath) and contact the camp director, Kelly Hartman at khartman@OTBonline.org (or by calling (317) 557-4529) if he/she experiences symptoms of COVID-19 during or within 5 days after participating or volunteering with camp.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I am choosing, for myself or for another over whom I am the authorized legal guardian, to participate in CAMP CREATE U 2023 despite known risks and I willingly and knowingly engage in these events.

RELEASE AND WAIVER.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST OUTSIDE THE BOX, CHRIST THE SAVIOR LUTHERAN CHURCH AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, SUCCESSORS, ASSIGNS AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART

OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

ASSUMPTION OF THE RISK. I acknowledge and understand the following:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
- 2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
- 3. I hereby knowingly assume the risk of injury, harm and loss associated with camp activities, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

Printed
Signature if over age of 18 and legally emancipated or signature of authorized legal representative

Name of participant/camper/volunteer/partner:

Date signed