

# **Elks Camp Grassick**

## **Staff Waiver and Consent Form**

**Authorization and acknowledgment:** I verify that I am at least eighteen years of age and legally competent to sign this waiver and consent form OR I verify that I am the legal parent or guardian and have legal responsibility for the listed child.

By signing this waiver and consent, I grant permission for myself (or my child) to participate in any and all activities at Elks Camp Grassick. These activities include but are not limited to swimming, boating, fishing, recreation activities (basketball, flag football, baseball, softball, soccer, etc), Tumbler Trak, playground activities, hayrides and other indoor and outdoor activities. I understand that as staff, I will be responsible for supervision at all activities. I recognize and acknowledge that these activities may pose some risk of injury. I further understand and agree that Elks Camp Grassick is not an insurer and is not responsible for any costs incurred by me (or my child) arising from activities within the scope of Camp Grassick's programs.

I indemnify and hold harmless Elks Camp Grassick, the North Dakota Elks Association, the North Dakota Elks Charitable Trust, and any of its employees, directors, officers, board members, volunteers, agents, Lodges, and affiliates from any and all costs, expenses and liabilities resulting from any claim brought by or on behalf of myself (or my child) based on use of Elks Camp Grassick property and/or participation in Elks Camp Grassick programs to the extent of Elks Camp Grassick's (and/or its owners) liability under law.

**Medical Consent:** I give permission for Elks Camp Grassick to administer first aid and basic care to me (or my child) while at camp. In the event of serious illness or injury, Elks Camp Grassick staff will contact the listed emergency contact or in the case of a minor, the parent or guardian. If the emergency contacts or guardians cannot be reached and/or in an emergent situation, I give permission for (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer to the nearest medical facility by Camp Grassick staff or the local first responder or ambulance personnel. I accept responsibility for the costs of all such medical treatment.

**Acknowledgement of Transmissible Disease Risk:** I acknowledge and agree that attendance at any public event including camp involves certain unavoidable risks such as exposure to/or infection by transmissible diseases, viruses, and other illnesses (included but not limited to Covid-19 and its variants). On behalf of myself/my child, I assume any and all such risk and acknowledge that such exposure or infection may result in serious illness, injury, severe complications, disability or death. I agree on behalf of myself/my child to adhere to all Camp Grassick policies including but not limited to those intended to mitigate the spread of transmissible illnesses. I understand that it is my/my child's responsibility to practice basic health, safety and sanitation measures to avoid contracting or spreading transmissible illnesses. I further agree that I/my child will not attend camp if we are symptomatic of any commonly spread transmissible disease.

**Consent to Search:** I understand that when I am on Elks Camp Grassick property, the administration has the ability to search both camp property and personal items, including vehicles, brought on to camp property. Reasonable basis for search may include suspicion or evidence of drugs or drug paraphernalia, alcohol, weapons, theft or other dangerous or illegal substances/activities, or substances/activities that are otherwise prohibited on camp property as outlined in the staff orientation, handbook, etc.

**Photography Release:** I give permission for Elks Camp Grassick to use photographs, videos and/or voice recordings in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. Elks Camp Grassick may use my/my child's likeness, voice and biographical material in connection with publication, promotion, exhibition, and distribution of such material. I understand that no royalty, fee or any compensation of any kind shall become payable to me by reason of such release and use of any photograph. \_\_\_\_\_ (please initial here)

**OR**

I do NOT give permission for use of photographs, videos or voice recordings of myself (or my child).  
\_\_\_\_\_ (please initial here)

Please contact Elks Camp Grassick at 701-327-4251 or an attorney of your choice and at your expense before signing if you have questions.

I have read this form carefully and have had all questions answered before signing this legal document and giving the consents and waivers contained in it. I acknowledge that this is a legal document and I will be bound by my agreement to its terms. I certify that all information provided in the Camp Grassick application forms submitted including the medical forms is accurate and complete and that I have the legal authority to provide consent on behalf of myself (or my child).

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Print Name:

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Signature:

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Parent/Guardian Signature if Staff Member is Under 18

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Date: