## Heritage Creek Farm Camp Participation Waiver

, my child's I understand and certify that as legal guardian of participation in activities at Heritage Creek Farm Camp, LLC is completely voluntary, and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent with any activity at Heritage Creek Farm Camp, LLC and I acknowledge that although safety measures are taken to minimize the risk of injury to participants, Heritage Creek Farm Camp, LLC cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries. I further recognize that in consideration of participation, and knowing the dangers, hazards and risks (foreseen or unforeseen) I agree to release and hold harmless Heritage Creek Farm Camp, LLC, facility property owners, camp staff and volunteers from any and all liability, actions, causes of actions, claims, expenses, and damages for injuries to my child or property, which result from my child's participation or any other associated activities. I agree to pay the costs associated with participation and I have instructed my child in the importance of following the instructions of the staff, abiding by the procedures for safe participation and acting in a responsible manner as outlined in the Camper's Code of Conduct and Guiding Principles. In the case of emergency illness or injury, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily or any loss sustained through participation in camp activities. I authorize program staff to secure any licensed hospital, physician and/or medical personnel for any treatment deemed necessary for the participant's immediate care.

| Signature of Legal Guardian | <br>Date |
|-----------------------------|----------|
|                             |          |

Printed Name of Legal Guardian \_\_\_\_\_

\_\_\_\_\_ (Initial) I grant permission for my child to be photographed and/or videotaped for promotional purposes. I understand that some photographs may appear in public marketing materials including social media outlets, newspaper, magazines, etc.

\_\_\_\_\_ (Initial) I prefer my child NOT BE PHOTOGRAPHED or VIDEOTAPED.

## Heritage Creek Emergency Form

| I give permission for my child               | to be taken to the hospital in                        |
|--|---|
| case of an emergency, and consent to eme     | ergency treatment until the time of my arrival at the |
|  | I be made to contact me in the event that such an     |
| emergency takes place.                       |   |
|  |   |
| Signature                                    | Date  |
| 5 <u> </u>                                   |   |
| The number I can be reached during farm      | camp session is                                       |
|  | ·   |
| Phone # of Secondary Contact Person          |   |
|  |   |
| Hospital Preference                          |   |
| Hospital Address:                            |   |
| Hospital Phone #                             |   |
|  |   |
| Health Insurance Company Name                |   |
| Policy #                                     |   |
| Insurance Company Phone #                    |   |
|  |   |
| I give permission to Heritage Creek Farm C   | amp staff to give my child the following non-         |
| prescription medication:                     |   |
| Homeopathic Remedies                         | _ Tylenol Advil                                       |
| Children's Benadryl Col                      | rtisone Cream   |
| I prefer my child not be given any r         |   |
|  |   |
| Signature                                    | Date  |
| My child has the following allergies:        |   |
| Medication:                                  |   |
| Food:  |   |
| Other:                                       |   |
| In the case of severe allergies, parents mus | st provide an allergy action plan, and epi-pen        |
| if prescribed by a health care professional. |   |
|  |   |

Please note: Heritage Creek Farm Camp Staff cannot administer prescription medication to your campers. Your child must self-administer any medications you bring. Medications must be accompanied by a note from the doctor. Please send clear written instructions detailing administration of medication and reason for prescription. Medications must be given to us in the original container with name, medication and dosage clearly labeled w/ your child's name. All medications must have a current manufacturer's expiration date.