

2026 RON HERENS MEMORIAL SUMMER
CAMP PERSONAL HEALTH RECORD/
CONSENT

To be filled out by parent, guardian, or adult participant (age 18 and above). Please print in blue or black ink.

Participant Information:

Name: _____ Date of birth: _____ Age: _____ Sex: _____

Name of parent/guardian: _____ Telephone: _____ Shirt size: _____

Home address: _____ City: _____ State: _____ Zip: _____

Post Name and Number: _____ Advisor: _____ Telephone: _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Telephone: _____

Personal health/accident insurance carrier: _____ Policy no. : _____

GENERAL MEDICAL INFORMATION:

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants: **Yes No** Explain: _____

ADHD (Attention-Deficit)? **Yes No** History of heat stress? **Yes No** Hemophilia? **Yes No**

Convulsions/Seizures? **Yes No** High blood pressure? **Yes No** Asthma? **Yes No**

Diabetes? **Yes No** Kidney disease? **Yes No** Heart trouble? **Yes No**

Explain if Circled YES: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the event:

List any **medications to be taken during event**, including drug, dosage, route (oral, injection, etc.), and frequency:

List any physical or behavioral conditions that may affect or limit full participation in the activities:

Advisors shall bring and keep a copy this form for each participant in case of emergency.

Ron Herens Memorial Summer Camp Code of Conduct

The Ron Herens Memorial Summer Camp is a physically demanding event that may include, but is not limited to, physical training exercises, firefighter firefighter skills training, use of training tools and equipment, team-based challenges, and outdoor activities conducted in varying weather conditions. Events of this nature involve inherent risks, including but not limited to physical injury, muscle strain, fatigue, exposure to weather, slips and falls, and risk associated with the use of training tools and equipment. Participants voluntarily assume all such risks, whether know or unknown, arising from participating.

The general welfare and success of any event depends on the conduct of its participants, guests, and leaders. This Code of Conduct is designed to help ensure a safe environment and maximize the enjoyment of everyone involved.

1. The Advisors shall be responsible for maintaining discipline, security, and the standards outlined in this Code of Conduct.
2. Participants and Adults shall not use offensive or vulgar language at any time during the event. This includes offensive gestures or any behavior that may reasonably offend another person.
3. All Participants are expected to set a positive example by being properly dressed and presentable at all times.
4. Each Participant and Advisor is personally responsible for intentional or negligent breakage, damage, or loss of property during the event. Programs will be billed for damages not covered by the responsible individual(s).
5. No Participant shall touch another Participant's personal property without their permission. Pranks or horseplay of any kind are not permitted.
6. Participants and Adults shall not argue with instructors. Any conduct that is considered disrespectful toward an instructor will result in immediate dismissal from the camp.
7. Any Participant who becomes injured must be evaluated and cleared by First Aid personnel before returning to activities.
8. The Event Coordinator and the staff reserve the right to remove any Participant, Advisor, or guest from the event for violating this Code of Conduct.

Advisors shall bring and keep a copy this form for each participant in case of emergency.

MINOR CHILD PARTICIPANT EMERGENCY MEDICAL AUTHORIZATION:

As the parent or legal guardian of _____, I furthermore give permission to Cobb County and its employees and volunteers to obtain emergency medical treatment for my child or the child over whom I have legal custody, whom is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, the county will exercise reasonable judgment in seeking medical treatment for my child.

Cobb County may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

Physician or other Health Care Provider: _____

Address: _____ Phone: _____

Signature: _____

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE RON HERENS MEMORIAL SUMMER CAMP SPONSORED BY COBB COUNTY AND LOCATED IN COBB COUNTY, GA.

I, the undersigned **parent or legal guardian** of _____, a minor, acknowledge and understand that participation in the activity referenced above involves inherent risks, including personal injury, property damage, or death. In consideration of allowing my child to participate, I hereby assume all such risks on behalf of my child and voluntarily accept full responsibility for any injury, damage, or loss that may occur.

I further agree to indemnify, save, and hold harmless **Cobb County, Georgia**, the **Cobb County Fire Department**, and all officials, officers, supervisors, volunteers, and other employees and agents of the County from any and all claims, demands, causes of action, or liability of any kind arising out of my child's participation in this activity, including injury, death, or property damage.

By signing below, I, on behalf of my child, release and discharge **Cobb County, Georgia**, the **Cobb County Fire Department**, and all associated officials, officers, volunteers, and agents from any and all claims or legal liability, whether known or unknown, arising from my child's participation in this activity.

I affirm that I am the parent or legal guardian of the minor named above and have the legal authority to sign this agreement.

Signature of parent of guardian

Date

Printed name of parent or guardian

Printed name of minor child

Advisors shall bring and keep a copy this form for each participant in case of emergency.

ADULT EMERGENCY MEDICAL AUTHORIZATION: Participant over 18 years of age

I, _____, give permission to Cobb County and its employees and volunteers to obtain emergency medical treatment for whom is listed above.

I understand that all reasonable effort will be made to contact the listed emergency contact prior to seeking medical care for participant listed above. If that person cannot be reached, the county will exercise reasonable judgment in seeking medical treatment.

Cobb County may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

Physician or other Health Care Provider: _____

Address: _____ Phone: _____

Signature: _____

ADULT RELEASE LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE RON HERENS MEMORIAL SUMMER CAMP SPONSORED BY COBB COUNTY AND LOCATED IN COBB COUNTY, GA.

I, the undersigned participant, acknowledge and understand that participation in the activity referenced above involves inherent risks, including personal injury, property damage, or death. In consideration of being permitted to participate, I hereby assume all such risks and voluntarily accept full responsibility for any injury, damage, or loss that may occur.

I further agree to indemnify, save, and hold harmless **Cobb County, Georgia**, the **Cobb County Fire Department**, and all officials, officers, supervisors, volunteers, and other employees and agents of the County from any and all claims, demands, causes of action, or liability of any kind arising out of my participation in this activity, including injury, death, or property damage.

By signing below, I release and discharge Cobb County, Georgia, the Cobb County Fire Department, and all associated officials, officers, volunteers, and agents from any and all claims or legal liability, whether known or unknown, arising from my participation in this activity.

Signature of participant

Date

Printed name of participant

Advisors shall bring and keep a copy this form for each participant in case of emergency.

PHOTOGRAPH/VIDEO RELEASE

To more effectively promote programs and activities sponsored by Cobb County, the County seeks the permission of program and activity participants to photograph and/or video the participants and their child/children/ward(s) participating in county programs and activities.

Please complete the following section that applies to participant listed above:

Youth Photograph/Video Release

I, _____, the parent or legal guardian of _____, permits Cobb County to take and use photographs and/or video of me and/or my child/children/ward(s) for the purpose of promoting Cobb County programs and activities. This includes permission to publish photographs and/or video of me and/or my child/children/ward(s) for such purpose. I understand that such photographs and/or video of me and/or my child/children/ward(s) remain the property of Cobb County.

Signature: _____ Date: _____

Adult Photograph/Video Release

I, _____, permit Cobb County to take and use photographs and/or video of me for the purpose of promoting Cobb County programs and activities. This includes permission to publish photographs and/or video of me for such purpose. I understand that such photographs and/or video of me remain the property of Cobb County.

Signature: _____ Date: _____