

LIABILITY RELEASE: CHIHOPI 2019

The undersigned parent, legal guardian, or participant acknowledges that even though every effort is made to promote a safe, accident-free environment, incidences may occur.

In consideration for being accepted to participate in the Camp Chihopi, sponsored and/or affiliated with Children's Hospital of Pittsburgh, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 21 years of age or older, hereby release, forever discharge and agree to hold harmless UPMC Children's Hospital of Pittsburgh, its directors, officers, agents or employees from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event.

Furthermore, we/I and on behalf of our (my) child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in any activities involved therein.

Furthermore, authorization and permission is hereby given to UPMC Children's Hospital of Pittsburgh as the camp sponsor to furnish food for this participant. I/we understand we are responsible for ensuring that my/our child has with him/her all necessary medications and we will provide a list to UPMC Children's Hospital of Pittsburgh staff. We further will advise UPMC Children's Hospital of Pittsburgh of any food allergies that my/our child-participant may have.

The undersigned further agrees to hold harmless and indemnify UPMC Children's Hospital of Pittsburgh, its directors, employees, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant there to.

This liability extends to participants/parent/legal guardian's heirs, successor, and/or estate.

Participants, if 18 years of age or older, must sign this document. If participant is under 18, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Parent/Legal Guardian or Participant

Date

Parent/Legal Guardian

Date

Camper (if 18 years of age or older)

Date

CAMP PARENTAL CONSENT: CHIHOPI 2019

I/We specifically consent to _____'s participation in Camp Chihopi, sponsored by UPMC Children's Hospital of Pittsburgh on August 8-11, 2019 at the Emma Kaufmann Camp in Morgantown, WV. The camp event will include the following educational/recreational activities:

- Water sports: kayaking, canoeing, boating, tubing, playing on the Rave and water floats, swimming pool activities
- Horseback riding
- Arts and crafts
- Songs and skits
- Hiking, obstacle course, zip line
- Basketball, wiffle ball, softball, volleyball, soccer and other field games
- Archery

I/We certify that the above-named child has the necessary skills to participate in any of the activities listed in this consent.

I/We agree to the following (please initial by each line):

_____ The camp clinical staff is permitted to administer my child's medications, IV fluids, TPN, medical care and/or over-the-counter medications as needed while my child participates in the camp

_____ The camp clinical staff is permitted to provide emergency care to my child, if necessary, to stabilize any medical condition and/or transport my child to the nearest Emergency Department if necessary.

_____ To send my child's prescription medication with him/her to be used as needed.

_____ To allow my child to be included in photographs, videos and audio taping and that ownership of such photographs and videos and audio taping will be that of UPMC Children's Hospital of Pittsburgh, and that such photographs, videos, and audio taping shall become the sole property of UPMC and may be used by Children's for purposes of education, training, marketing, or other commercial use. As a result, I hereby authorize UPMC Children's Hospital of Pittsburgh to use my child's Protected Health Information contained in any photographs, videos, and audio taping without any further consent.

As parent or legal guardian of the above-named child, I hereby certify that he/she will not attend the Camp if he/she has any illness prior to the day of camp that would be harmful to him/her or others. I understand that misbehavior on his/her part or violation of Camp Rules during the event could result in my child being asked to leave and that I will be requested to come and get him/her.

Both parents must sign this Consent unless parents are separated or divorced, in which case custodial parent must sign.

Parent/Legal Guardian/Participant

Date

Parent/Legal Guardian

Date

MEDICAL AUTHORIZATION CONSENT: CHHOPI 2019
PARENTAL MEDICAL AUTHORIZATION

In the event of injury or illness to my child, I hereby grant authority to a qualified Physician or Dentist (or his/her designee) to render such medical treatment as said physician deems necessary under the circumstance and to preserve the life, limb or well-being of my child:

NAME: _____ Date of Birth _____.

MEDICATIONS: listed on Medication Form

ALLERGIES: _____

ANY PERTINENT MEDICAL HISTORY (illnesses or injuries):

PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

DENTAL INSURANCE: _____ PHONE: _____

The undersigned hereby waives and releases the above person and the Children's Hospital camp staff and volunteers from any and all claims, damages, costs, actions, and causes of action as the result of any and all personal injuries sustained as the result of the above named child's participation in activities or events while at the camp.

PARENT/GUARDIAN (print name) _____

SIGNATURE: _____

PARENT/GUARDIAN (print name) _____

SIGNATURE: _____

ADDRESS: _____

PHONE: Home _____

Work _____

Cell _____

ALTERNATE CONTACT: _____ PHONE: _____

RELATIONSHIP: _____