

**Arthritis Foundation Waiver of Legal Rights and Assumption of Risk,  
Authorization to Consent to Treatment, and  
Transportation Consent and Release Agreement**

In consideration of acceptance from the Arthritis Foundation to attend camp and for the privilege of allowing the participant identified below to participate in their programs, receive instruction from qualified staff and use their equipment and facilities, I, representing myself, or as the parent or legal guardian of the participant, hereby understand and agree to this **WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK, AUTHORIZATION TO CONSENT TO TREATMENT, AND TRANSPORTATION CONSENT AND RELEASE AGREEMENT** and to the terms and conditions as set forth herein:

Waiver of Legal Rights and Assumption of Risk

1. In consideration of the permission to participate in the Arthritis Foundation's programs being granted, I hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees, from any and all claims and damages of any kind and nature arising out of or in any way connected to my/my family's participation. I understand that untrue, misleading or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.
2. I hereby acknowledge, understand and accept that there may be hazards associated with specific activities and activity sites, which include but are not limited to accidents while traveling around the grounds or to/from an activity site, property damage, loss by theft, exposure to extreme temperatures, dangers and hazards, bodily injury or illness, including the potential for fatal injury to the attendees and other participants. With this knowledge and understanding, I voluntarily desire to have the individuals listed in this application participate in such activities being fully aware of the possible dangers and voluntarily assume all risks of loss, damage or injury arising from their participation. I further acknowledge and represent that I/my family members are in sufficiently good health to attend and participate in the program.
3. I hereby grant the Arthritis Foundation and its representatives, employees and agents specific, irrevocable and unrestricted permission to reproduce, publish, circulate, copyright or otherwise use any and all words, stories, photographs, audio and/or video of me and/or my family, including my or our image and likeness as depicted therein, taken at this program for any purpose, including but not limited to broadcast, editorial, internet publication, social networking posting or any other purpose and in any manner and medium, including the right to alter the same without restriction or to copyright the same. I hereby release the Arthritis Foundation and its representatives from any and all claims, actions and liability relating to its use of said material.
4. I understand that the Arthritis Foundation and the facility retain the right to enforce the rules of the program and the facility and if necessary send home anyone infringing on the rights or safety of others. If required to leave camp early, I understand that I am responsible for transporting myself/my family members home and any cost associated.
5. I understand that the Arthritis Foundation, the program and the facility DO NOT carry accident insurance for the child or adult participants or volunteers. I will be held responsible for providing my own insurance/medical coverage, if need be, for myself and all members of my family.
6. In executing this document, I acknowledge warrant and agree (i) that this document is a binding contract and agreement; (ii) that I have not been coerced in any way to enter into and be bound by the provisions of this document and that I do so freely and willfully, having all requisite and necessary legal capacity; and (iii) that I am the parent or other legally authorized guardian of the minor members of my family who will be participating or for whom I am representing. I take full responsibility for informing myself regarding any and all aspects of participation in the program.

Participant or Parent/Guardian Initial: \_\_\_\_\_

Authorization to Consent to Treatment

I hereby authorize the Arthritis Foundation and its designated leaders as agents for the undersigned to consent to any x-ray examination; anesthesia; blood transfusion; laboratory; pathology; medical, dental or surgical diagnosis or treatment and hospital care provided to the participant which is deemed advisable by, and is to be rendered under the supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act, or the staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I further authorize the Arthritis Foundation and its designated leaders, the facility and its staff, and any volunteers, to provide the participant with non-emergency, first aid care as necessary. I agree to accept the risks and complications that may result and hereby release medical and professional staff and employees of the Arthritis Foundation or the facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such aforesaid diagnosis, treatment or hospital care, which the aforementioned physician may deem advisable.

It is understood that reasonable effort will be made to contact the undersigned or emergency contact prior to rendering treatment to the patient, but that any of the above treatment shall not be withheld if the undersigned cannot be reached.

The participant is current on all required immunizations and I feel that the participant is in sufficiently good health to attend the camp. If the participant is not up to date on immunizations, there is a valid medical or religious exception or have documented immunity of the disease (for example, has had chicken pox).

I realize only minimal medical supplies will be available at the camp. I further agree that I will provide a sufficient supply of all the medications this participant is to receive while attending camp. All medications MUST be in ORIGINAL PRESCRIPTION CONTAINERS. I will personally deliver medications to the camp medical team upon arrival (resident camp) or will keep medication in a safe and secure place (family camp). If the participant arrives without a sufficient supply of medications listed on the medication form, I agree to reimburse the Arthritis Foundation of the cost to administer the listed medications (if available). I also agree to reimburse the Arthritis Foundation of any costs incurred to treat this participant while at camp should they require further medical attention. I further release the Arthritis Foundation and the facility from responsibility should any equipment the participant requires during camp break down or require repair.

I further understand and agree:

1. All prescription medications will be administered by the camp medical team or parent as authorized on the Medication Administration Record (resident) or by parents (family camp). Over-the-counter medications may be administered as needed at the discretion of the medical team or parent.
2. Minors are not to have medication of any kind on their person or in their belongings at any time with the exception of an EpiPen, inhalers, eye drops or other pre-approved medications.
3. In the event of an accident, the Arthritis Foundation or referring agency assumes no financial responsibility.

I hereby release the Arthritis Foundation, the facility and their agents, volunteers and employees from any and all liability in conjunction with the operation of, or the provision of, services, including but not limited to the administration of prescription medications.

This authorization shall remain effective through the end of the camp session unless sooner revoked in writing and delivered to said agents.

Participant or Parent/Guardian Initial: \_\_\_\_\_

Transportation Consent and Release

I hereby agree that I will transport or arrange for transportation for myself/my family/this participant to the camp facility on the first day of the camp and arrange for transportation from the camp facility on the last day of the camp, unless other arrangements have been specified in writing to the Arthritis Foundation. If the participant is asked to leave the camp program early for behaviorally issues, I understand that I am responsible for providing and paying for transportation for the participant to leave the camp facility.

During the camp session, medical situations or emergencies may require the transport of participants off camp facility grounds. In the event I or a designated secondary emergency contact cannot be reached in an emergency, I hereby grant permission to the camp medical director(s) appointed by the camp facility (third-party camps) and the Arthritis Foundation or anyone from the medical team to have a private ambulance or other medical transportation company transport this participant to a hospital, urgent care facility or other location to provide proper medical or dental treatment. The participant will be accompanied by no fewer than two Arthritis Foundation staff and/or camp adult volunteers. In the event of an offsite camp program, I hereby grant permission to the camp facility vehicles to transport me/my family/this participant.

I have made the participant of this camp program for whom I have legal responsibility (if applicable) aware of my decision to allow transportation offsite for medical or dental treatment and I understand that the participant is responsible for abiding by my decision while at the camp facility. I further WAIVE AND RELEASE any and all legal rights that may accrue to me or to the participant as a result of personal injury, property damage or other damage that the participant may suffer while involved in transportation deemed medically necessary, excepting only claims and rights arising from gross negligence or willful misconduct.

Parent/Guardian Initial: \_\_\_\_\_

**I, REPRESENTING MYSELF, OR AS PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT(S) LISTED BELOW, HAVE READ THE FOREGOING WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK, AUTHORIZATION OF CONSENT TO TREATMENT, AND TRANSPORTATION CONSENT AND RELEASE AGREEMENT, AND FULLY UNDERSTAND ITS CONTENTS. TO THE EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD THE ARTHRITIS FOUNDATION AND THE CAMP FACILITY, THEIR RESPECTIVE AGENTS, VOLUNTEERS, OFFICERS, DIRECTORS AND ASSIGNS (THE "INDEMNIFIED PARTIES") HARMLESS FROM AND AGAINST ANY AND ALL LIABILITIES, DAMAGES, OBLIGATIONS, LOSSES, CLAIMS, JUDGMENTS, DEMANDS, COSTS AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES), SUITS, INVESTIGATIONS, PROCEEDINGS AND CAUSES OF ACTION (COLLECTIVELY, "DAMAGES") TO THE EXTENT RELATING TO, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE PARTICIPANT'S ATTENDANCE AND PARTICIPATION IN THE CAMP, EXCEPT TO THE EXTENT THAT ANY DAMAGES ARISE FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE INDEMNIFIED PARTIES.**

\_\_\_\_\_  
Participant(s) Name(s) (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Volunteer Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Volunteer Signature