

Participant Expectation Agreement

I agree to conduct myself in a manner that will be a credit to me and the Arthritis Foundation community will abide by the following expectations:

1. Participant, once he/she arrives, will remain on the camp grounds except for scheduled Arthritis Foundation camp activities or emergencies, as directed by the camp director.
2. Participants are expected to participate in all assigned activities while at camp.
3. Participants shall be able and willing to treat each volunteer, staff person and peers with respect and dignity at all times.
4. Participants will abide by the safety and behavior guidelines of the Arthritis Foundation and any directions given (verbally or in writing) by the volunteers, camp director or Arthritis Foundation staff in charge.
5. Participant will accept that responsible behavior includes no possession or use of alcohol, marijuana, illegal drugs or weapons before, during or after the camp experience while on camp grounds. Failure to comply shall result in immediate dismissal from camp. All medications (prescription or nonprescription) shall be kept in the medical station (resident camps), designated location (family camps) or (if applicable) under the control of camp or Arthritis Foundation staff.
6. Use of tobacco is not allowed by any participant for the duration of the camp program.
7. Participant will abide by the camp policy regarding technology and cell phone usage.
8. Participant will refrain from any bullying, hazing, harassment or similar behavior.
9. Participant will adhere to curfew/lights out and understands they will **not** be allowed out on the camp property after lights out.
10. Participant is not allowed to enter a lodging area that is not their own without permission and is expected to respect the rights, privacy and property of others.
11. Child and teen participants are expected to follow the "rule of three."

Failure to follow these rules, policies or verbal instructions, or combinations thereof, may result in immediate dismissal from camp. If infraction results in sending the participant home, no refunds will be given, regardless of when it occurs.

I have read and agree to meet these expectations.

Participant(s) Name (Print)

Date

Participant(s) Signature

Date

I discussed these expectations with the minor participant(s) and agree that they will adhere to them.

Parent/Guardian Signature

Date

Arthritis Foundation No Harassment/Discrimination

The Arthritis Foundation does not tolerate unlawful harassment/discrimination of our job applicants, employees, volunteers, participants, guests, contractors or anyone else by an employee, manager, supervisor, volunteer, participant, guest or anyone else. Any form of harassment/discrimination on the basis of age; gender; marital status; medical condition (including genetic characteristics); mental or physical disability; national origin; ancestry; pregnancy; race; color; religion; sex; sexual orientation; military service; veteran status; or any other classification protected by federal, state or local laws is a violation of this policy and will be treated as a disciplinary matter. While it is not easy to provide an all-encompassing or comprehensive definition of harassment, it does include slurs, jokes and other uninvited verbal, graphic or physical conduct by one individual toward another. Harassment/discrimination of any kind will not be tolerated and may be grounds for immediate termination or removal from an Arthritis Foundation program.

In particular, sexual harassment includes many forms of offensive and unwelcome behavior and may include:

- Unwelcome sexual advances
- Offering benefits in exchange for sexual favors
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct such as leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters
- Verbal conduct such as making or using derogatory comments, epithets, slurs and jokes
- Verbal sexual advances or propositions
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes or invitations
- Physical contact such as touching, assault, impeding or blocking movements
- Verbal or physical contact of a sexual nature that has the purpose or effect of creating an intimidating, hostile or offensive environment
- Verbal or physical contact of a sexual nature that has the purpose or effect of unreasonably interfering with an individual's performance or enjoyment of activities
- Verbal or physical contact of a sexual nature that otherwise adversely affects an individual's opportunities

Because it is difficult to predict when conduct or comments might be "unwelcome," employees, volunteers, participants or anyone else should avoid all such conduct and behave at all times in a professional and respectful manner.

The following steps have been put into place to ensure the environment at the Arthritis Foundation is respectful, professional and free of unwelcome harassment/discrimination. If someone believes this policy has been violated, the person should bring the matter to the immediate attention of the chief Arthritis Foundation employee on site, his or her manager/supervisor or, where this is inappropriate or not practical, to the attention of the Arthritis Foundation Human Resources department. Additionally, the Foundation has a Whistleblower hotline the individual may use. The nationwide toll-free number is 866-229-6636 and is administered by an independent, third-party provider. The Foundation will promptly investigate the facts and circumstances of any claim of harassment/discrimination. To the extent possible, the Foundation will endeavor to keep the individual's concerns confidential. If the individual makes a complaint under this policy and has not received a satisfactory response within five business days after notification, he or she should immediately contact Wayne Guthrie, Senior Vice President of Human Resources, or Jim Ludlam, Legal Counsel.

Upon completion of the investigation, the Arthritis Foundation will take corrective measures it deems necessary against any person who has engaged in harassment/discrimination in violation of this policy. These measures may include, but are not limited to, counseling; suspension; immediate termination;

removal from Foundation events, activities or property; and future ban on participation in Foundation activities.

No employee, volunteer, participant, guest, contractor or anyone else will be subject to, and the Foundation prohibits, any form of discipline or retaliation for reporting in good faith of incidents of unlawful harassment/discrimination, pursuing any such claim or cooperating in any way in the investigation of such reports.

We cannot remedy claimed harassment/discrimination unless you bring these claims to the attention of management. Failure to report timely claims of harassment/discrimination prevents us from taking steps to remedy the problem, and may affect the individual's ability to seek redress later.

Receipt of No Harassment / Discrimination Policy

I acknowledge that I have received a copy of the Arthritis Foundation's No Harassment/Discrimination Policy. I have read it, understand it and agree to follow it. I understand that anyone who engages in conduct prohibited by the Policy will be subject to disciplinary action.

I understand it is my obligation to refrain from engaging in conduct in violation of the No Harassment/Discrimination Policy and to report conduct I believe is harassing or discriminatory to enable the Foundation to take action as appropriate.

Name (Print)

Signature

Date

Arthritis Foundation Social Networking Policy

The Arthritis Foundation recognizes that social networking is part of today's society and is an important way for people to communicate. At the same time, we want to make sure that the use of social networking sites by the Arthritis Foundation event participants does not create any issues for the Arthritis Foundation or the participant. As a result, we ask that our participants exercise discretion, be mindful of their actions and be thoughtful and respectful of the anticipated audience of the content.

To help guide you in your use of social networking sites, we have created this Social Networking Policy. This Policy will help you open up a respectful, knowledgeable interaction with people on the Internet and also protect the privacy, confidentiality and interests of Arthritis Foundation, staff, partners and participants.

We understand there is a difference between social networking activity where you are identified as a member of the Arthritis Foundation community and private conversations that are outside of the camp community. **While this policy is directed at activity where you are identified as a member of the Arthritis Foundation community, you must also recognize that even private postings may become public, can reflect badly on the Arthritis Foundation and may result in action by the Arthritis Foundation.** Given the nature of the children's camp business, you must be mindful of your responsibilities and the impact your words and actions have on the camp community.

- 1. Defamatory Comments:** You may not post any comments that are considered defamatory. In other words, you may not post any false information that damages the reputation of another person, including claims that they committed a crime, have a disease, engaged in sexual activity, or otherwise causing injury to their reputation in the camp community.

2. **Inappropriate Material:** You may not post any photos or images, or use language, that is obscene, contains nudity or sexual images, or is violent or otherwise offensive in nature. When defining what is offensive, you should use the same guidelines you would in any other interaction or communication at the Arthritis Foundation or with your family.
3. **Harassment:** You may not post anything on a social networking site that is derogatory, offensive or threatening to another person. This includes anything that could be considered "bullying," in accordance with our No Harassment/Discrimination policy. The camp director of the Arthritis Foundation program has sole decision-making authority about what is considered a derogatory social networking post.
4. **Proprietary Information:** You may not post any proprietary or otherwise confidential information about the Arthritis Foundation or any third party, or post any content that contains copyrighted material or uses trademarks, without the express written permission of the copyright or trademark owner.
5. **Confidentiality:** You may not reveal personal information (including a person's diagnosis) about an individual or otherwise invade the privacy of another person. In particular, you should not disclose any personal information you have learned from your involvement with the Arthritis Foundation. **Your postings online should not** contain the full name, diagnosis, medications, home address or hometown of any person without his or her express permission, and **your posting should not** contain the full name, diagnosis, medications, home address or home town of any **MINOR** even if permission is given. If a member of the Arthritis Foundation community contacts you and requests that you remove an image of that person that has been posted, you are obligated to remove the image immediately.
6. **Misrepresentation:** You may not discuss any public or camp-related issues in a way that creates impressions that you are representing the camp in this matter. Such postings could lead to legal action or hostile exchanges with the Arthritis Foundation. Additionally, participants may not impersonate others or create an account in order to mislead, confuse or deceive.
7. **Spamming and Technical Abuse:** When using social media websites, participants should not create multiple accounts in order to disrupt or abuse others' use of the site, create accounts to prevent others from using that account name or for the purpose of selling the account, sending mass invitations, duplicating or reselling a site's products or services, publishing malicious content or causing intentional damage to others' browsers or computers.
8. **Statements About the Arthritis Foundation:** When posting content, you may not make any disparaging statements about the Arthritis Foundation or statements that would otherwise reflect negatively on the Arthritis Foundation.

Acceptance of Social Networking Policy

I understand this Social Networking Policy, understand that this policy applies during camp season and during the off-season, and understand that failure to comply with this provision may result in disciplinary action.

Participant(s) Name (Print)

Date

Participant(s) Signature

Date

Parent/Guardian Signature

Date

**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