



# CAMPER APPLICATION 2018

Camp Director with Responsibility for Campers

Lisa Perez

1401 S. Harbor Blvd, #11C La Habra, CA 90631

Email: californialionscamp@gmail.com



Name of Child \_\_\_\_\_

Camp Pacifica is a camping experience for all Deaf and Hard of Hearing children, ages, 7-15. For 2018, there will be one only one session, Sunday, July 22<sup>st</sup> to Saturday, July 28th, 2018, limited to **120 campers**. Completed Applications are due Saturday, June 20<sup>st</sup>, 2018 **Qualified campers will be registered on a first – come basis. Please Apply Early.**

The cost for each camper is \$300, plus an application fee of \$30 to a maximum of \$50 for multiple family applicants. **Full payment or a letter of support from a local club is due with the completed application (If financial is needed, The Camp Director will help in locating a sponsoring club).**

Hearing siblings and children of Deaf Adults are required to pay the full fee.

Registration: <input type="checkbox"/> \$30 per camper	Max: \$50 per family	_____
Campership Fees - \$300 per applicant		_____ \$300.00
Late Fee: \$50 per camper	Max \$100 per family	_____ none (not late)
<b>Donation Assistance towards Camp Pacifica</b>		_____
<b>I have enclosed a total of:</b>		_____

## TRANSPORTATION

Angel Flight provides air transportation to and from camp free of charge to Castle Airport, Atwater, CA, from a municipal airport close to your home, if possible. Transportation (both ways) between Castle Airport and Camp Pacifica will be provided by the Mariposa School District. Campers must be registered by June 21<sup>st</sup>, 2016 to qualify for air transportation assistance. **Note: 60#s Max luggage per camper**

### **Please check all that apply:**

I have completed the Angel Flight Waiver of Liability and my child's medical release form has been completed by his/her doctor. Yes

### **Note: Camp is responsible for all Angel Flight Contacts & Arrangements**

- I request Air Transportation.  To Castle Airport  RETURN FLIGHT HOME
- I request ground transportation (50 mile radius of camp)  TO CAMP  FROM CAMP TO HOME
- I can help provide ground transportation for 1 passengers  TO CAMP  FROM CAMP TO HOME

In the space below, please write a few comments about your child, their reasons for wanting to go to camp, and any memorable past camp experiences.

\_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN

I agree to allow the information contained on this information sheet to be released in order to obtain sponsorship for my child.

NAME \_\_\_\_\_ Date \_\_\_\_\_

PARENTSIGNATURE: \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ Home Phone \_\_\_\_\_

EMAIL \_\_\_\_\_ Fax # \_\_\_\_\_



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90631

Email: californialionscamp@gmail.com

Is the camper: Male  Female

Circle Adult Shirt Size: **SM M L XL XXL**

(PRINT)

Campers Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ VP? Yes  No

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

What language is spoken in the home? \_\_\_\_\_

**Camp Pacifica will host one session only for 120 campers: Please Apply Early**

**Sunday, July 22nd – Sat. July 29<sup>th</sup>, 2018**

Is the camper: Deaf  Hard of Hearing  Hearing Sibling  CODA

Camper communicates using? ASL  PSE  SEE  Cued Speech

Please indicate the swimming ability of your child: Beginner  Intermediate  Advanced

Has your child been to camp before? Yes  No  Years Attended | \_\_\_\_\_

Camp Pacifica Yes  No  Name of Other \_\_\_\_\_

What were some of their favorite activities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

As parent or guardian, I give my permission for my child to participate in activities which may include: Archery, Arts & Crafts, Basketball, Tennis, Canoeing, Dance, Jazzercise, Drama, Campfire, Fishing, Horseback Riding, Informal Games, Mountain Bicycling, Ropes, Riflery, Swimming and Water Safety.

As parent or guardian I give my permission to the director of California Lions Camp to make any transportation decisions and arrangements for my child.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

Attach a recent photo here please



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**Name of Child:** \_\_\_\_\_

Does your child have any emotional, behavioral and/or medical conditions (food allergies) that the camp staff should be aware of?

(Explain) \_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR AND YOUR DOCTOR'AND/OR /BEHAVIORIST'S EXPECTATIONS? PLEASE ATTACH ALL INFORMATIONS NEEDED BY STAFF SHOULD THE NEED ARISE. It will be reviewed prior to your child's arrival at camp.

\_\_\_\_\_

**California Lions Camp Incorporated does not provide health and accident insurance for the camper. Parents must carry their own insurance for their child or be prepared to pay the cost of any medical services required while at camp. Many medical service providers require a proof of insurance at the time medical services are rendered. Please provide a sticker, card or other insurance identification prior to the camper arriving at camp. If the camper is not insured or does not provide Camp Pacifica with proof of insurance, please be prepared to pay \$25.00 to cover the cost of a supplemental medical insurance plan for coverage while the camper is attending Camp Pacifica. We ask that you supply us with the following information;**

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Medical # \_\_\_\_\_

### SCHOOL INFORMATION (Please complete this section)

School Attending: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT AND CAMPER AGREEMENT

The camper will follow camp rules including dress code and respect all individuals at camp including the campers, staff, and equipment and camp property. Parents may be required to pay for any damage done to personal property or camp property. Absolutely, no weapons, alcohol, or illegal drugs are permitted. If a camper repeatedly disobeys any rules or displays behavior that places themselves, other campers, or staff in danger, the parents will be notified to come to Camp Pacifica and take their child home.

\_\_\_\_\_

**Minors Camper Signature – Required**

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's / Guardian's Signature

\_\_\_\_\_

Date

Before a camper may be considered, please completed: "Camper Application Form (3 sheets), "Health and Medical Record for Youth" (2 sheets) and "Authorization and Consent for Minor, (1 sheet), Also submit the Angel Flight "Medical Release" and "Air Transportation Waiver" if you are requesting air transportation (6 sheets).

**SUBMIT ALL FORMS AS SOON AS POSSIBLE, AND AT THE SAME TIME**

**And before the June 20<sup>st</sup> Deadline**



# CAMPER APPLICATION HEALTH AND MEDICAL RECORD

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Email: californialionscamp@gmail.com



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Person to contact for medical emergency

Name: \_\_\_\_\_ Relationship: Parent:  Guardian:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

FILL OUT THIS PAGE COMPLETELY then take it to your physician or usual source of medical care (clinic, health center, etc.) for the examination.

### **HEALTH HISTORY: To be signed by parent or guardian of those under 18 years of age.**

HAVE OR SUBJECT TO: (Check if Yes)

Asthma  Fainting spells  Convulsions  Heart trouble Diabetes (type) \_\_\_\_\_

Running or sport restrictions  Allergy or reaction to any medication

Other \_\_\_\_\_ Describe: \_\_\_\_\_

Check here if none of the above applies:

**Note: Camp Pacifica does not provide any specialty foods. The camp kitchen may contain allergens such as nuts, food coloring, milk, eggs, wheat, soy, sesame & other products. My child has the following food allergies:** \_\_\_\_\_

IMMUNIZATION	Date of Last Inoculation	IMMUNIZATION	Date of last Inoculation
Tetanus toxoid		Measles	
Polio		German Measles	
Mumps		Diphtheria	
Chicken Pox		Whooping Cough	

**HAVE/HAD DIFFICULTY WITH:** (Circle If Yes)

Eyes, ears, nose, throat, digestion, bed-wetting, measles, chicken pox, German measles, Lungs  
menstrual problems, sleepwalking, mumps, whooping cough, diphtheria

### **LIST ALL MEDICATIONS TO BE CONTINUED WHILE AT CAMP**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

List any special dietary needs: \_\_\_\_\_ Vegan \_\_\_\_\_ Vegetarian \_\_\_\_\_

List any medical reasons that will restrict physical activity: \_\_\_\_\_

### **PARENT AUTHORIZATION**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Above information and medical record on the next page are to be shared with adult leader and those responsible for camp and special activities including transportation.

**ALL FORMS NEED TO BE SUBMITTED AT THE SAME TIME AND MUST ARRIVE ON OR BEFORE: JUNE 20, 2018.**



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Email: [californialionscamp@gmail.com](mailto:californialionscamp@gmail.com)



THIS PART OF THE FORM IS TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN OR PERSON LICENSED TO PROVIDE MEDICAL INFORMATION AND ASSESSMENT.

## MEDICAL EVALUATION

TO PHYSICIAN: Review health history. If incomplete, please ask that this essential information be provided for your use. If health history of individual so indicates, a full examination should be performed.

**PART A - Use this part ONLY, if applicant has had an exam within the past 2 (two) years. If not, skip to Part B.**

### PHYSICIAN'S HEALTH MEMORANDUM

(To be completed annually when complete physical examination is not done)

Name: \_\_\_\_\_ last had a medical examination on (Date) \_\_\_\_\_

And no contraindication to their participation in any activity was found except as noted below.

Individual should be restricted from: \_\_\_\_\_

Individual is susceptible (or allergic) to: \_\_\_\_\_

Other instructions: \_\_\_\_\_

**PART B - For use, if applicant has NOT, had a physical examination within the past 2 (two) years.**

### Physical Examination

Vision 20/	Left 20/	B.P.	With Glasses R20/	Left 20/			
1. Eyes	<input type="radio"/>	7. Thyroid	<input type="radio"/>	12. Abdomen	<input type="radio"/>	17. Skin (acne and scars)	<input type="radio"/>
2. Ears	<input type="radio"/>	8. Lymph nodes	<input type="radio"/>	13. Hernia	<input type="radio"/>	18. Reflexes	<input type="radio"/>
3. Hearing	<input type="radio"/>	9. Chest(gynecomastia)	<input type="radio"/>	14. Genitalia (maturity)	<input type="radio"/>	19. Pilonidal sinus	<input type="radio"/>
4. Nose	<input type="radio"/>	10. Heart	<input type="radio"/>	15. Extremities (joints)	<input type="radio"/>	20. Speech	<input type="radio"/>
5. Throat	<input type="radio"/>	11. Lungs	<input type="radio"/>	16. Skeletal (scoliosis)	<input type="radio"/>	21. Emotional adjustment	<input type="radio"/>
6. Teeth	<input type="radio"/>						

Required Tests: Sugar? \_\_\_\_\_ Albumin? \_\_\_\_\_

If indicated: Blood Count \_\_\_\_\_ Chest Plate \_\_\_\_\_ Tine Test \_\_\_\_\_

Should be restricted from: \_\_\_\_\_

Individual is susceptible to (or allergic) to: \_\_\_\_\_

## Physician's Assessment

This person appears to be fit to participate in:

Camping and Hiking \_\_\_\_\_ Water Sports \_\_\_\_\_ Competitive sports \_\_\_\_\_

This person may request transportation assistance from Angel Flight. Please confirm that this patient is medically stable and may fly in a small non-pressurized aircraft. YES \_\_\_\_\_ NO \_\_\_\_\_

Please indicate the applicants: Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_



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## CALIFORNIA LIONS CAMP

AUTHORIZATION AND CONSENT FOR MINOR

Or young person not emancipated

CCP 25.8 AND PENAL CODE SECTION 12552

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

The undersigned do hereby authorize California Lions Camp Incorporated or such substitute they may designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medical Practice Act or any dentist under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, at Camp Pacifica or elsewhere. The undersigned further authorizes the California Lions Camp to use a photographic likeness of the camper in its publicity, publications, films and videos.

This authorization will remain effective while the above minor is in route to or from or involved or participating in any California Lions Camp, Incorporated program or activity, unless revoked in writing by the undersigned, and delivered to the aforementioned agent.

Date: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian (Signature)

\_\_\_\_\_  
Mother/Guardian (Signature)

\_\_\_\_\_  
Father/Guardian (Print)

\_\_\_\_\_  
Mother/Guardian (Print)

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone #\_

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Fax #:

**SUBMIT ALL FORMS AS SOON AS POSSIBLE BUT AT THE SAME TIME  
ON or Before June 20<sup>th</sup>, 2018**



## Medical Release for Angel Flight West Camp Flight

Your patient, \_\_\_\_\_, has requested assistance with transportation for his/her medical needs. In order for this to occur, please print your name and sign the following to confirm that this patient may safely fly in a small non-pressurized aircraft. If you, the physician have any questions, please call us at: (310) 390-2958. Thanks for your cooperation in assisting this patient.

\_\_\_\_\_, is medically stable and able to fly in a non-pressurized small aircraft.

**In addition, I confirm that the patient does not have any medical/psychiatric conditions that could affect the safety of the flight. Such conditions could be (but are not limited to): seizures, psychiatric conditions, and/or conditions that require the use of medical equipment in flight.**

*The cabin of a small aircraft can be smaller than the inside of a vehicle. Please be sure that any condition would not interfere with the ability of the pilot to fly the aircraft. This would include physical interference, or the emotional interference that something such as a seizure could cause.*

**Print Physician Name:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Physician Phone #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please do not fax any information to Angel Flight West. Simply include this information in your Camp Pacifica Application Packet. Camp Pacifica will forward the information to Angel Flight West.

**WAIVER OF LIABILITY**  
BY SIGNING THIS WAIVER, YOU ARE GIVING UP ANY RIGHTS YOU MIGHT OTHERWISE HAVE TO SUE THE PILOT, MISSION ASSISTANT OR ANGEL FLIGHT WEST IN THE EVENT OF AN ACCIDENT



Name of Camp: \_\_\_\_\_

1. Angel Flight West, a non-commercial, non-profit, volunteer public service organization, has arranged for me,

\_\_\_\_\_ and \_\_\_\_\_,  
Camper #1 Camper #2

to be provided with nonessential, non-emergency air transportation and if necessary, local ground transportation (collectively, "Angel Flight West Transportation") by the Angel Flight West volunteer members named hereafter, free of charge, for my convenience in obtaining medical treatment or for such other purpose as has been determined appropriate for the receipt of Angel Flight West Transportation:

\_\_\_\_\_ and \_\_\_\_\_ (collectively pilots)  
Pilot-in-Command Mission Assistant

2. I understand that Angel Flight West is a charitable organization and that Pilot is donating the Angel Flight West Transportation without any financial reimbursement for that service or for the expenses of agreeing to provide Angel Flight West Transportation. As such, Pilot, Angel Flight West, and those persons acting on Angel Flight West's behalf, including mission coordinators, referring agencies, board members, and all others associated with Angel Flight West who have assisted in arranging Angel Flight West Transportation ("RELEASEES") are relying upon the signing of this Waiver and Release in return for their providing charitable services. I also acknowledge that there exist other means of transportation available to me, including commercial air transportation and ground transportation, and that I choose to receive Angel Flight West Transportation for its convenience and/or cost savings relative to other means.

3. **WAIVER AND RELEASE:**

In consideration for receiving Angel Flight West Transportation free of charge, I agree that neither I nor my assignees, heirs, distributees, executors, guardians or legal representatives ("RELEASORS") will make a claim or assert any causes of action (known or unknown) against, or sue, RELEASEES for death, bodily injury, property damage or any other liability of any sort ("HARM") arising from the Angel Flight West Transportation, including but not limited to HARM resulting from the active or passive negligence, including gross negligence, or other acts or omissions of RELEASEES. I hereby WAIVE, and RELEASE RELEASEES from liability for, all such claims, causes of action and suits which RELEASORS or any of them now have or may hereafter have. This Waiver and Release includes, without limitation, HARM which results from (a) my being in the AIRCRAFT, which could itself cause injury; (b) improper maintenance of or defects in the AIRCRAFT, whether hidden, latent or obvious, which could cause an accident;

(c) negligent or grossly negligent piloting or other operation of the AIRCRAFT, which could cause an accident; and (d) my slipping, falling or otherwise becoming injured on and about the AIRCRAFT. **THIS MEANS THAT, EXCEPT AS EXPRESSLY PERMITTED BELOW, NEITHER I NOR MY HEIRS OR ESTATE MAY CLAIM AGAINST RELEASEES ANY DAMAGES ARISING OUT OF ANGEL FLIGHT WEST TRANSPORTATION.**



4. **Recurring Nature of Waiver and Release:** This Waiver and Release may be used, and is deemed valid, as to all Angel Flight West Transportation on which the undersigned, or the minor(s)/mentally incompetent(s) on whose behalf this Waiver and Release is being signed, is a passenger or mission assistant.
5. I understand it is my sole responsibility to purchase any flight or accident insurance should I desire to be insured on this flight.
6. In the event any portion of this contract is held invalid, the remaining portions shall remain in full force and effect.

**DO NOT SIGN THIS WAIVER AND RELEASE BEFORE YOU HAVE CAREFULLY READ IT AND UNDERSTAND THAT IT IS A RELEASE OF LEGAL LIABILITY. IT IS A LEGALLY BINDING CONTRACT BY WHICH YOU AND YOUR HEIRS WILL BE BOUND, PREVENTING YOU AND YOUR HEIRS FROM BRINGING ANY LEGAL ACTION TO ASSERT A CLAIM AGAINST PILOT, ANGEL FLIGHT WEST OR ANY RELEASEES FOR THEIR NEGLIGENCE EXCEPT TO THE LIMITED EXTENT PERMITTED HEREIN.**

**KNOWING AND VOLUNTARY EXECUTION:** I HAVE CAREFULLY READ AND UNDERSTAND THIS WAIVER AND RELEASE, AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Camper #1 \_\_\_\_\_ Dated: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Camper #2 \_\_\_\_\_ Dated: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Mission Assistant: \_\_\_\_\_  
 Dated: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

**Parent/Guardian Permission, Waiver and Release, and Certification of Entitlement to Transport Child Across State Lines:** I certify that I am the above child's or mentally incompetent's parent or legal guardian. As such, I have carefully read and understand this document in its entirety and, on behalf of myself and the child or legally incompetent individual to be transported, and in consideration for receiving Angel Flight West Transportation free of charge, I hereby (a) give the child or mentally incompetent permission to undergo Angel Flight West Transportation; (b) WAIVE and RELEASE all claims, causes of action and suits against RELEASEES for HARM arising from Angel Flight West Transportation; and (c) certify that I am legally entitled to take the child across a state line for the purpose to be achieved by the Angel Flight West Transportation.

Parent/Legal Guardian \_\_\_\_\_ Dated: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

**PHOTO RELEASE**

I understand that in order to continue providing its free community service, Angel Flight West relies upon contributions which are in part solicited through publicity. In order to contribute to its efforts, I grant Angel Flight West permission to take and use my/my child's photograph for promotional, public relations and related uses.

Passenger #1 (initial) \_\_\_\_\_ Passenger #2 (initial) \_\_\_\_\_

Please sign this and include this information in your Camp Pacifica Application Packet. Camp Pacifica will return all signed waivers directly to the Angel Flight West office.

**RELEASE PROVISION FOR RECREATIONAL ACTIVITY  
(USER OTHER THAN PARENT/GUARDIAN)**

**1. ASSUMPTION OF RISK.** User is aware of the inherent risks of injury, death, and property damage involved in adventure courses, which are defined as rope courses, including the ropes, poles, supporting structures, cables and pulleys, including without limitations risks due to falling. User is aware of the risks of injury, death, and property damage that may result from, among other causes, the active or passive negligence of California Lions Camp, aka Camp Pacifica, and its officers, directors, employees, agents (collectively “released parties”), including without limitation the risk of negligent instruction or supervision. User is voluntarily engaged in the adventure courses, which are defined as rope courses, including the ropes, poles, supporting structures, cables and pulleys, with the knowledge of the risks of injury, death, property damage, and other risks, and assumes any and all known and unknown risks of injury, death, and property damage that may result from use of the adventure courses.

**2. RELEASE OF LIABILITY.** User releases released parties from all liability to user and user’s principals, representatives, guardians, successors, assigns, heirs, children, and next of kin for all liability, claims, damage, or demands for personal injury, death, or property damage, arising from or related to this Agreement, whether the injury, death, or property damage occurs on or off the premises. This release includes, without limitation, any personal injury, death, or property damage caused by the active or passive negligence of any of the released parties. User bears sole responsibility for any loss.

**3. KNOWING AND VOLUNTARY EXECUTION.** User acknowledges that it has carefully read this Agreement, understands its contents, and understands that this Agreement includes an assumption of the risk of the released parties’ negligence and a release of their liability. User acknowledges that released party is materially relying on this waiver and is allowing user to engage in the described activity.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(User)

**RELEASE PROVISION FOR RECREATIONAL ACTIVITY  
(PARENT/GUARDIAN OF MINOR CHILD OR CHILDREN)**

1. **ASSUMPTION OF RISK.** Parent/Guardian is aware of the inherent risks of injury, death, and property damage involved in adventure courses, which are defined as rope courses, including the ropes, poles, supporting structures, cables and pulleys, including without limitations risks due to falling. Parent/Guardian is aware of the risks of injury, death, and property damage that may result from, among other causes, the active or passive negligence of California Lions Camp, aka Camp Pacifica, and its officers, directors, employees, agents (collectively “released parties”), including without limitation the risk of negligent instruction or supervision. The child or children of parent/guardian are voluntarily engaged in the adventure courses, which are defined as rope courses, including the ropes, poles, supporting structures, cables and pulleys, and parent/guardian understands the risks of injury, death, property damage, and other risks, and assumes any and all known and unknown risks of injury, death, and property damage that may result from use of the adventure courses.

2. **RELEASE OF LIABILITY.** Parent/guardian releases released parties from all liability to parent/guardian’s minor children, for all liability, claims, damage, or demands for personal injury, death, or property damage, arising from or related to this Agreement, whether the injury, death, or property damage occurs on or off the premises. This release includes, without limitation, any personal injury, death, or property damage caused by the active or passive negligence of any of the released parties. Parent/guardian bears sole responsibility for any loss.

3. **KNOWING AND VOLUNTARY EXECUTION.** Parent/guardian acknowledges that it has carefully read this Agreement, understands its contents, and understands that this Agreement includes an assumption of the risk of the released parties’ negligence and a release of their liability. Parent/guardian acknowledges that released party is materially relying on this waiver and is allowing child or children to engage in the described activity.

4. \_\_\_\_\_  
(Print Name of Camper) Camper is the minor child of Parent/Guardian.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian of Minor Child