

# MEDICAL/MEDIA RELEASE

## **Parent/Legal Guardian Agreement** **(Please read this document carefully and sign below)** **Consent to Attend and Participate**

I hereby give consent for my child (ward) to attend and participate in all programs and activities of Camp Bass (hereinafter also identifies as Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, fishing, boating, swimming, outdoor activities and that one or more of these or to the activities may involve travel off camp site. I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques; there are nevertheless risks associated with, and inherent in, my child's (ward) participation in the camps outdoor recreation program and other camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all camp programs and activities. I further consent to camp taking pictures audio tapes, and/or videotapes of my child (ward) participating in camp activities and programs and the camps use of same in camp publications or publicity that is in the proper interest of the camp.

### **Release, Hold Harmless & Indemnity Agreement**

I RELEASE, HOLD HARMLESS and hereby agree to INDEMNIFY the Camp, its agents, servants, employees and/or volunteers from any and all liability, claims, causes of action or suits for the loss or damage of property, or for injury to, or the death of, my child (ward) or others, for damages, losses, expenses, attorney fees, or costs of whatever nature sustained by me, my child(ward) or others, which may arise out of or in connection with, my child (ward) use or occupancy of the camps premises or participation in camp activities or programs, regardless of the nature or extent of such injuries, damages, costs, expenses, attorney fees or losses, or whether such injuries, damages, costs, expenses, attorney fees or losses are caused in whole or in part by the negligence or sole negligence of the camp, its agents, servants, employees and/or volunteers, or causes in part by the negligence of the camp, its agents, servants, employees and /or volunteers and the negligent or grossly negligent acts or omissions of my child (ward) or any other person or entity. The Release, Hold Harmless, and Indemnity Agreement is to be construed broadly, but it does not serve to release or waive claims or causes of action to which my child (ward) may be entitled due to personal injury.

### **Authorization for Care**

I hereby grant permission to, and request and authorize all physicians, nurses and hospitals and their authorized employees and designees to perform routing diagnostic procedures and render medical care deemed necessary for my child (ward)

### **Financial Responsibility**

Understand and confirm that regardless of my assignment of insurance benefits, I am responsible for the total charges incurred by the camp or others for medical care or services rendered to or on behalf of my child (ward).

### **Authorization to Release Information**

I authorize the camp to furnish from my child's (wards) medical records, such information as may be requested by representatives of local, state or federal agencies, insurance companies or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

### **Assignment of Benefits**

In consideration of services rendered to my child (ward), I hereby assign and transfer to the camp any and all benefits or proceeds otherwise payable to me individually, as an insured, or in my capacity as the parent/guardian of my child (ward) under hospitalization, health or accident insurance, or any other insurance coverage, to include major medical benefits, for the payment of services rendered if I receive monies direct from the insurer(s), same shall be held in trust for and immediately transferred to the camp for amounts due.

If a Medicare recipient, I certify that the Information given by me in applying for benefits under TITLE XVII of the Social Security Act is correct. I authorize any holder of medical or other information about my child (ward) to release to the Social Security Administration or its intermediaries or carriers any information needed to process a Medicare claim related to the undersigned or my child (ward). I request that payment of authorized benefits be made on my behalf and/or on behalf of my child (ward).

### **Personal Property**

I understand the camp is no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuable are not to be brought to camp

Camper's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_