



# KOSTOPULOS DREAM FOUNDATION

## WAIVER AND RELEASE FORM

Partner Camp Participants

### Responsibilities of Parents/Legal Guardians and Participants

I understand that Camp Kostopulos is not responsible for articles that are lost or stolen while the participant named below (the "Participant") is on Camp Kostopulos' grounds. I understand that while the Participant is at Camp Kostopulos that he/she may be responsible for damage done to Camp or personal property.

### Waiver and Medical Release

The camp is not a medical facility. We will provide basic health care generally accepted in the camping industry. The Participant or the parents/legal guardians of the Participant are financially responsible for health care given by out-of-Camp providers.

I hereby affirm that I am the parent or legal guardian of the Participant, or I am the Participant and over 18 years of age, and that the information contained herein is correct and complete to the best of my knowledge. Except as I have provided to Camp Kostopulos on a Participant Information Sheet (if applicable), the Participant has my permission and the permission of the child's physician to engage in all camp-sponsored activities, such as, but not limited to: horseback riding, swimming, boating/canoeing, fishing, hiking, camping, sports, games, arts and crafts, dances, challenge ropes course and field trips, whether on or off camp property (collectively, the "Activities"). I fully understand and acknowledge that the Activities involve risks to the Participant, other participants and third parties, including, without limitation, bodily injury, personal injury, mental injury, illness, death, property damage, loss and other serious ailments that could lead to disability, death and potentially extensive medical expenses. I understand and acknowledge that these risks and dangers may arise from foreseeable and unforeseeable causes and may be immediate or delayed. I hereby voluntarily and expressly assume the risk of all injury, harm and liability resulting to the Participant, other participants and third parties from the Participant's participation in the Activities, including any risks resulting from any actions or inactions of Kostopulos Dream Foundation, Camp Kostopulos and each of its volunteers, directors, officers, members, employees, agents, successors and assigns (collectively, "KDF"). I understand that KDF does not assume any responsibility for or have an obligation to provide the Participant with any type of insurance (including insurance to cover any personal injury, bodily injury, illness, death or property damage), and it is my responsibility to obtain any such insurance. As consideration for the Participant being permitted to participate in the Activities, the Participant (or the parent or legal guardian of the Participant) hereby voluntarily, for himself, his administrators, personal representatives, assigns, other participants and third parties, agrees to release, waive, discharge and hold harmless KDF from any and all claims, demands and causes of action, including, without limitation, claims for bodily injury, personal injury, mental injury, illness, death property damage, and other such losses in connection with the Participant's participation in the Activities as a result of any actions or inactions of KDF, whether or not such claims demands or causes of action result or arise from the negligence, acts or omissions, of KDF.

### Medical Authorization

I hereby give permission for the staff of Camp Kostopulos to administer medication as described in the medical screening form and or other medical forms provided (if applicable). I give permission to the physician selected by Camp Kostopulos to order x-rays, routine tests and treatment related to the health of the Participant for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the Participant. I understand the information on this form, the Participant Information Form, the medical screening form and other medical forms, as applicable, provided will be shared on a "need to know" basis with Camp Kostopulos staff. I give permission to photocopy this form, the medical screening form and other medical forms. In addition, Camp Kostopulos has permission to obtain a copy of the Participant's health record from providers who treat the Participant and these providers may talk with the Camp's staff about the Participant's health status.

### Media Release

I hereby grant permission to record the Participant's voice, photograph, video him/her for various promotion or information Camp Kostopulos or the Kostopulos Dream Foundation. The use may come in the format of television, newspapers, newsletters, brochures, radio, and/or other media. I release KDF from any liabilities arising from such media use. I understand that I (or my child) will not receive payment for these media uses.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian/  
Participant over 18 with legal capacity

\_\_\_\_\_  
Date

### DEMOGRAPHICS:

The purpose of this form is to provide additional information for state, federal, and private funding as well as provide Camp Kostopulos with valuable information for improving our services and targeting new areas for service and funding sources. Your accuracy is important and appreciated.

1. **Age:**     0-5     6-12     13-18     19-23     24-44     45-54     55-69     69 & over    2. **Sex:**  Male     Female
3. **Ethnicity:**     African American     Pacific Islander/Asian     Caucasian     Hispanic     Other: \_\_\_\_\_
4. **Disability:**     None     Cognitive     Physical     Emotional     Autism     Visually/Hearing impaired     Learning Disability     Other: \_\_\_\_\_
5. **Family Size:**     1 person     2-3 people     4-5 people     6-8 people     9+    6. **State:**  Utah     Other: \_\_\_\_\_    7. **Zip Code:** \_\_\_\_\_
7. **Residence:**     SLC     Other city (list) \_\_\_\_\_     SL County     Other county (list) \_\_\_\_\_
8. **Living Situation:**     Alone     With Parents     Single Parent     Group Home     Care Center     Foster Home     Other (list): \_\_\_\_\_
9. **Income:**     \$0-12,000     \$12,001-15,500     \$15,501-26,000     \$26,001-31,000     \$31,001-40,000     \$40,001-55,000     \$55,000+