

Medical Information

Must be filled out on **BOTH SIDES** by every participant. Please return to Group Contact Leader. **DO NOT** mail/fax these forms to the Workcamp Office. Please put these forms in alphabetical order. ****NEW POLICY**** Please attach a copy of your insurance card.

Church: St. Joseph's Group Contact Leader: Eric McCarter

Participant Name: _____ () Male () Female Age: _____ DOB: _____

Parent's/Guardian's Name: _____

Home Address: _____

City: _____ State: AR Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact: _____ Emergency Phone: (_____) _____

Family Physician Name: _____ Phone: (_____) _____

HEALTH STATUS (Confidential)

Please list any health problems you may have (examples: Asthma, Allergies, Back Trouble, Diabetes, Seizures)

MEDICATION

Please list all medications (including over the counter and prescription) taken routinely. Bring enough medication to last the entire time at camp. Keep medications in original bottle that identifies the physician, the name of the drug, the dosage and frequency of administration. Keep all over the counter medications in original packaging.

Please list all medication that the participant is taking:

Med #1 _____ Dosage _____ Reason _____

Med #2 _____ Dosage _____ Reason _____

Med #3 _____ Dosage _____ Reason _____

Date of your last Tetanus Booster: _____

Personal Medical Insurance Provider: _____ (ATTACH A COPY OF YOUR INSURANCE CARD)

Insurance Policy Number: _____ Group Number: _____

Name of Insured: _____ Relationship to Participant: _____

Please note: We cannot allow anyone without personal medical insurance coverage to participate in Catholic HEART Workcamp. Special diets are camper's responsibility.

GROUP CONTACT LEADER:

CHECK FOR:

#1 Personal Medical Insurance Provider #2 Insurance Policy Number #3 Parent and Participant Signature (on back)

****NEW POLICIES**** This form must be notarized (on back) and attach a copy of your insurance card.

DO NOT MAIL THESE FORMS. Please bring each participant's ORIGINAL Medical Information/Release of All Claims Form and a COPY to Workcamp and TURN THEM IN AT REGISTRATION. Please put the original forms in alphabetical order. You will need THREE COPIES: One will go with each participant to his or her worksite. The original will stay in the Workcamp Office and the contact person will need a copy.

ANYONE WHO ARRIVES AT WORKCAMP WITHOUT THE PROPER SIGNATURES OR AN INCOMPLETE FORM WILL NOT BE ABLE TO PARTICIPATE IN THE WORKCAMP

Parent and Participant SIGNATURE REQUIRED - SEE OTHER SIDE

CATHOLIC HEART WORKCAMP L.L.C. RELEASE OF ALL CLAIMS

Must be filled out on **BOTH SIDES** by every participant. Please return to Group Contact Leader.
DO NOT mail/fax these forms to the Workcamp Office. Please put these forms in alphabetical order.

In consideration for being accepted by Catholic HEART Workcamp L.L.C., a Florida limited liability company, I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my (our) child-participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless Catholic HEART Workcamps and its managers, members, directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child participant resulting from said child's participation in the above-described workcamp, (including travel between the child's home and the camp, free day activities, excursions from the camp and anytime spent at the camp).

Furthermore, I (we) (and on behalf of our child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth.

Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, lodging for and to assign work projects to this participant.

The undersigned further agree to hold harmless and indemnify Catholic HEART Workcamp and associated social agencies and day care centers and their directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorneys fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said workcamp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation and for the release of medical records to an attending physician in case of illness. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume and indemnify Catholic HEART Workcamp, L.L.C. for all transportation costs.

I (we) am aware of no physical, mental or emotional problems, which would limit participation in or work performance during the workcamps. I (we) am (are) fully aware of the nature of the work to be undertaken during the Catholic HEART Workcamp.

The Catholic HEART Workcamp will employ reputable staff members and take reasonable precautions to safeguard the workcamp participants during the week of workcamp. However, neither the Catholic HEART Workcamp L.L.C. associated social agencies nor the school acting as "home base" will be liable for loss or damage to property of participants prior to, during or following the workcamp due to theft, fire, accident or any other cause beyond its control.

MEDIA/PHOTO WAIVER:

I hereby authorize and give my full consent to Catholic HEART Workcamp L.L.C. to copyright and or publish any and all photographs, video or audio in which I/my child will appear in while attending Catholic HEART Workcamp. I further agree that Catholic HEART Workcamp may transfer these photographs, video or audio for use on the Catholic HEART Workcamp website and all promotional material.

Print Participant Name

Print Custodial Parent Name

Date

Participant Signature

Custodial Parent Signature (If under 21 years of age)

THIS MEDICAL INFORMATION/RELEASE ALL CLAIMS FORM MUST BE NOTARIZED

STATE OF _____)

COUNTY OF _____)

The foregoing was acknowledged before me on _____, 20____, by _____, who produced the following identification: _____.

Notary Signature: _____

Print Name: _____

Notary Public, State of _____

My Commission Expires: _____

Commission Number: _____

Code of Behavior

The purpose of Catholic HEART Workcamp is to provide the young Catholic Church and their adult leaders an opportunity to celebrate, serve, pray and play together. CHWC believes that Jesus is among us! In order to carry out this mission, we ask each youth and adult participant to read, sign and follow the Code of Behavior.

- I will represent the Catholic Christian community through my language, dress and behavior.
- I agree to respect the rights and property of others.
- I agree to respect CHWC staff and adult leaders, even if these leaders are not from my parish.
- I will remove my hat, refrain from eating, drinking, and private discussions during Mass.
- I will participate in all planned activities, group sessions and work projects.
- I have read over the School, Safety and Worksite requirements in the youth or adult pre-trip planning booklet and will abide by them.
- I have read over the rules for cell phone usage in the pre-trip planning booklet and will abide by them.
- I will respect the privacy of my fellow campers and not go into any other sleeping quarters, (guys or girls) which are not assigned to my group.
- I will adhere to the stated curfew (10:30 prepare for bed and 11:00 lights out).
- I will be responsible for assisting our parish group with snacks and help keep snack area clean.
- I will not possess any alcohol, non-prescription drugs, fireworks, weapons or knives.
- I will not leave the school grounds without adult supervision.
- I will build new relationships with my team members, resident, agency leaders, others in the community and children I encounter during this service week.
- I have read over the policy on Sexual Harassment / Misconduct
- I will refrain from inappropriate touching and verbal harassment.
- I will not engage in any form of sexual activities or sexual harassment.
- I will not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation, or isolation.

YOUTH

I have read, understand and agree to follow the Code of Behavior outlined above and in the youth pre-trip planning booklet. I will also encourage other group members to live by these rules.

(Print name) _____ Church _____

(Signature) _____ Date _____

ADULTS

We need young adult leaders and adult chaperones cooperation to assist CHWC in making this service week successful. We need your support to help us enforce camp guidelines.

(Workcamp contact leaders: please make sure all of your adults have read the adult pre-trip planning booklet and understand their responsibilities.)

I have read, understand and agree to follow the Code of Behavior outlined above and in the adult pre-trip planning booklet. I will also encourage other adult leaders to live by these rules.

(Print name) _____ Church _____

(Signature) _____ Date _____

Please return to your Workcamp Contact Leader. Leaders please bring to registration.



INDIVIDUAL ASSUMPTION OF RISK, RELEASE FROM LIABILITY, AND PHOTO RELEASE

PROJECT INFORMATION

Project Description: - WALDO CANYON FIRE REHAB PROJECT -

Project Date(s): _____ - 2014

Group: _____

PLEASE PRINT CLEARLY, REVIEW ENTIRE DOCUMENT, AND SIGN ON BACK

Salutation: _____ Last Name: _____ First Name: _____

Street Address: _____ New Volunteer YES NO

City, State, Zip: _____ New Address YES NO

Home Phone: _____ E-Mail: _____

16-18 Yrs?: _____ YES _____ NO (IF YES, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN)

Under 16?: _____ YES _____ NO (IF YES, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN)

In case of emergency, please contact:

NAME: _____

RELATIONSHIP: _____

PHONE: (DAY) _____ (EVENING) _____ (OTHER) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer/Participant's medical history (PLEASE WRITE ON BACK IF MORE SPACE IS NEEDED):

Allergies (medicine, food, etc):

Medications being taken:

Date of last tetanus shot:

Physical limitations:

Other medical issues we should be aware of:

1. I acknowledge that I have voluntarily applied to participate in restoration and other activities at various locations with the Coalition for the Upper South Platte (CUSP). I am not working in a paid position, and will receive no compensation for participating in CUSP activities.
2. As consideration for being permitted to participate in these activities and use CUSP tools and facilities, I hereby agree that I, my assignees, my heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of CUSP, or the suppliers of any of the tools or equipment that I will use in these activities, for injury or

damage resulting from my negligence, intentional or unintentional, during the commission of my efforts for CUSP.

3. I hereby release CUSP and REALTY MANAGEMENT GROUP from all actions, claims, and demands that I, my assignees, my heirs, distributes, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in CUSP activities.
4. I hereby release and forever discharge CUSP and REALTY MANAGEMENT GROUP from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or participation in CUSP activities.
5. I understand that CUSP carries a minimal level of insurance coverage for volunteers to address medical needs, **but EACH VOLUNTEER IS ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT.**
6. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that if any clause or provision is ruled invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release shall continue to be enforceable.
7. **I AM AWARE THAT FIRE RESTORATION, GREEN FOREST RESTORATION, TRAIL BUILDING, RIVER RESTORATION AND OTHER CUSP ACTIVITIES ARE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES OF CUSP WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO ME. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND DEATH, AND VERIFY THIS STATEMENT BY SIGNING THIS DOCUMENT.**
8. If there is any violation of this agreement and CUSP is sued, or a claim is made against CUSP, I agree to indemnify CUSP and the others named in paragraph 3 and hold them harmless from any and all expense and liability. Such indemnity shall cover all reasonable expenses incurred by them, including but not limited to attorney fees.

AUTHORIZATION AND RELEASE FOR USE OF PICTURES IN ANY MEDIA

I hereby grant to the Coalition for the Upper South Platte (CUSP), its legal representatives, successors and assigns, irrevocable permission to take and to copyright, in its own name or otherwise, and re-use, publish and republish photographic portraits, pictures or similar images or likenesses (collectively, the "Pictures") of me and my children and/or other minors for whom I am legally responsible, including, without limitation, any other pictures in which I or they may be included, in whole, in part, or altered using software, through any medium, and in any and all media now or hereafter known for illustration, promotion, art, editorial, or any other purpose whatsoever. The pictures may be published in any manner, including in noncommercial advertising, periodicals, trade show exhibits and other promotional applications. Furthermore, I will hold harmless CUSP, its representatives, successors and assigns, from any liability arising from or in connection with the aforementioned Pictures.

I affirm that I am 18 years of age or older and that I am competent to sign this agreement on my own behalf. I acknowledge that I have read the foregoing authorization and release and that I fully understand its contents.

(Signature and Printed Name)

(Date)

CUSP volunteers must be 16 years of age or older when the project site is utilizing power tools/equipment. Parental signature is mandatory for ALL volunteers UNDER 18 years old.

(Parent/Legal Guardian's Name- PLEASE PRINT)

(Parent/Legal Guardian's Signature)

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(Phone Number)