

Camp Cinder Shasta 2020

Permission Slip and Waiver

DESTINATION: Simpson University Dorms and Shield Training Center at Shasta College in Redding, CA

DATE: June 22-26, 2020

Camp Commander: Fire Captain Katie Mason: (530) 356-3178

CAMPER INFORMATION:

CAMPER'S NAME: _____

ADDRESS: _____ **GRADE:** _____
Street City Zip

CAMPER HOME PHONE #: _____ **CAMPER CELL PHONE #:** _____

CAMPER SIGNATURE: _____ MALE FEMALE

_____ **Medical Insurance Carrier & Policy Number (if MediCal/Partnership, please specify)** **Camper's Date of Birth**

Please check if camper has: _____ Diabetes _____ Epilepsy or seizure disorder _____ High Blood Pressure
_____ Hemophilia/blood disorder _____ Heart Condition _____ Asthma _____ Motion Sickness
_____ Frequent or severe headaches _____ Mental/emotional issues
_____ Other: _____

Please list any surgeries the camper has had since birth:

Parent/Guardian Contact Information

NAME: _____ **RELATIONSHIP TO CAMPER:** _____

ADDRESS: _____ **HOME PHONE:** _____
Street City Zip

WEEKDAY DAYTIME PHONE #: _____ **CELL PHONE #:** _____

2nd person to contact in case of emergency: _____

Contact phone number(s): _____

Address: _____ **Relationship to student:** _____

My child/ward has permission to participate in this camp. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Camp Cinder – Shasta program does not provide any medical insurance or cover any charges my child/ward may incur due to injury or illness while on this trip.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Dear Campers and Parents/Guardians:

As a Camper at Camp Cinder Shasta, you have the privilege to network with other girls from throughout the North State and contribute to our commitment to building a supportive team environment. As part of the Camp Cinder Shasta programs, we are required to follow policies and procedures, which protect us all. You are being asked to sign the release of liability form below (in 2 places) as part of our Camp application packet. Please complete all forms and be sure not to leave anything blank. If you have any additional questions about this form, please call Katie Mason at 530-356-3178. Thank you and we look forward to camp!

Camper's Name & Age: _____



CAL FIRE: CAMP CINDER – SHASTA
June 22-26, 2020 Camp Cinder- Shasta
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in 2020 Camp Cinder – taking place at Shasta College, The Shield Training Center, and also dispersed areas throughout Shasta County, hereinafter called "The Activity", I, for myself, my child or ward, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** CAL FIRE and the State of California, its officers, employees, and agents from liability **from any and all claims including the negligence of the State of California, CAL FIRE, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation, or the participation of my child or ward, is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD State of California, CAL FIRE, its officers, employees, and agents, HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred. **Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date