

# Camp Cinder San Luis Obispo 2020

## Permission Slip and Waiver

**DESTINATION:** 635 N. Santa Rosa Ave, San Luis Obispo Ca 93405

**DATE:** June 24-28, 2020

**Camp Commander:** Fire Captain April Mangels email address april.mangels@fire.ca.gov

### 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 #:** \_\_\_\_\_

**2<sup>nd</sup> 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 – San Luis Obispo 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 San Luis Obispo, you have the privilege to network with other girls from throughout the South State and contribute to our commitment to building a supportive team environment. As part of the Camp Cinder San Luis Obispo 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. Thank you and we look forward to camp!*

**Camper's Name & Age:** \_\_\_\_\_



CAL FIRE: CAMP CINDER – SAN LUIS OBISPO  
June 24-28, 2020 Camp Cinder- San Luis Obispo  
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in 2020 Camp Cinder – taking place at San Luis Obispo County Fire Department, Cal Poly San Luis Obispo and also dispersed areas throughout San Luis Obispo 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**