



Authorization, Waiver of Liability, and Release

I, the undersigned parent/guardian, understand that the participation of my child (the “Camper”) in Follow Your Heart Camp (the “Camp”), sponsored by Hasbro Children’s Hospital (a division of Rhode Island Hospital) and operated at the W. Alton Jones Camp in West Greenwich, RI, may involve activities with a certain degree of risk and which may be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires Camper to abide by applicable rules and standards of conduct. Failure to comply with the rules or engaging in activity that potentially jeopardizes the safety of Camper or other campers may result in Camper’s dismissal. Furthermore, I agree to cause the Camper, to the best of his/her ability, to follow all instructions given by Camp staff and to ask for assistance if necessary. While campers are encouraged to engage in all camp activities, they may choose to opt out of any activity that does not feel right for them. By enrolling my Camper in Camp, I acknowledge that I have carefully considered these risks and obligations and voluntarily accept them on behalf of myself and Camper.

I also acknowledge and agree that I have authorized Camper’s pediatrician and cardiologist to submit certain medical information to the Camp. The purpose of this disclosure is it to establish whether Camper meets the health/social parameters of Camp and to assist Camp in maintaining Camper’s health for the duration of Camp. I understand that if Camper’s medical providers do not submit this information, Camper shall not be allowed to participate in Camp. Furthermore, I authorize appropriate Camp staff to discuss pertinent health information provided on any of the application forms with any of my child’s health care providers, school staff or other parties as necessary to define my child’s readiness for, and potential success at Camp. I understand and agree that this may, if applicable, include discussion or disclosure of sensitive health information related to HIV, STD, genetic and/or behavioral health. Camp shall use and maintain any health information it receives in accordance with state and federal privacy standards.

In case of an emergency involving Camper, I understand that every effort will be made to reach a parent/guardian or Camper’s emergency contact. In the event such persons cannot be reached, I grant permission for Camp to secure proper emergency medical treatment, including hospitalization, anesthesia, surgery, or injections of medication for Camper, as necessary. In such an event, I understand that Camper’s health information might be shared with health care providers and other necessary individuals to facilitate Camper’s medical treatment.

Optional Photo Release

I hereby assign and grant to Camp the right and permission to make, use and publish any photographs/film/videotapes/electronic representations and/or sound recordings made of Camper while at Camp. Furthermore, I authorize Camp to reproduce, copyright, exhibit, broadcast, electronically store, and/or distribute said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Camp, and I specifically waive all rights and interest in and to any such materials.

Please circle one: **Yes** **No**

General Waiver and Release

I, on behalf of myself and Camper, and both of our heirs, agents, representatives, executors and administrators, hereby release, indemnify, quit, hold harmless and forever discharge Rhode Island Hospital (including its pediatric department known as Hasbro Children’s Hospital) and its affiliates and its and their respective governors, directors, trustees, officers, employees and agents and its and their respective successors and assigns from and against any and all liabilities, obligations, damages, penalties, claims, actions, causes of action, demands, judgments, executions, costs (including reasonable attorneys’ fees), charges, loss of services, expenses, compensation, and any and all other claims whatsoever, both at law and in equity, which I, Camper, or any third party might incur or might assert in connection with participation in Camp.

I HAVE READ AND I ACCEPT THE ABOVE TERMS AND CONDITIONS.



Signature of parent/guardian

Date

Printed name of parent/guardian

Date



Hasbro Children’s Hospital

The Pediatric Division of Rhode Island Hospital

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