

# CAMP HOPE PARENTAL (OR LEGAL GUARDIAN) AGREEMENT

Camper Name: \_\_\_\_\_

## Release Information

I hereby give consent for my child (ward) to attend and participate in all programs and activities of Camp Hope. Pictures and video may be taken of my child (ward) for use in publicity that is in the proper interest of Camp Hope and Buckhorn Camp. The Camp is not responsible for lost, misplaced, or damaged, etc. items.

I hereby agree to indemnify and hold Camp Hope, Buckhorn Camp, its agents, servants, and/or employees harmless from any and all damages, claims, expense, or costs of whatever nature, causes of actions, suits, and liability of every kind including attorneys' fees, for injury to or death of my child (ward), or for damage to any property, arising out of or in connection with my child's (ward's) use or occupancy of the premises or participation in Camp Hope and any other person or entity employed by Camp Hope or Buckhorn Camp.

I understand that volunteers could be providing some of the daily care of my child (ward) and give my permission for these volunteers to do so. In addition, I understand that Camp Hope reserves the right to accept campers based on Camp Hope's perceived ability to provide a safe experience and that campers may be sent home when or if it is determined that they can no longer participate safely.

## Authorization for Care

I hereby grant permission to all physicians, nurse, medical personnel, hospitals, and their authorized employees to render routine medical care deemed necessary for my child (ward). We desire notification at the phone number provided for emergencies or other appropriate means, if any such emergency or circumstances are likely to have an adverse effect upon the child's (ward's) health, including notification of any emergency treatment. I guarantee someone will be available at the emergency number(s) 24 hours a day throughout the duration of camp and that someone will pick up my camper if it is determined they need to leave camp.

## Financial Responsibility

I understand that regardless of my assigned insurance benefits, I am responsible for total charges in consideration for services rendered.

## Assignments of Benefits

In consideration of services rendered or to be rendered, I hereby assign and transfer any benefits otherwise payable to me for my benefit under hospitalization, health or accident insurance, and other insurance coverage, to include major medical benefits, for the payment of services rendered.

If a MEDICARE patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request that payment of authorized benefits may be made on my behalf.

\_\_\_\_\_  
(Signature of parent/guardian or camper, if own guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name