



**The Moyer Foundation and
Dr. Bob Kemp Hospice**

Camper Application Package



Camp Erin Mission Statement

To empower children in distress by providing education and support - helping them to live healthy and inspired lives.

History

The Moyer Foundation was founded in 2000 by World Series-winning, Major League All-Star pitcher Jamie Moyer and wife, Karen. Karen and Jamie are committed to the growth and long term success of the Foundation and Camp Erin. In addition to volunteering their time and talent on a daily basis to raise funds and awareness for the Foundation's mission, the Moyers have made significant financial contributions over the years including a \$1 million dollar gift in 2007 to launch Camp Erin's national expansion. The Foundation created and funds several key initiatives, including Camp Erin and Camp Mariposa.

Camp Erin

Camp Erin is a bereavement camp for children and teenagers ages 6-17 grieving a significant death. Camp Erin provides a traditional, fun and high-energy camp experience, combined with grief education and emotional support. The camp is staffed by bereavement counselors and community volunteers professionally trained by child bereavement experts. Established in 2002, the Camp Erin network of bereavement camps extends nationwide, including two locations in Canada, Camp Erin Toronto and Camp Erin Hamilton. Through the generosity of a giving community, The Moyer Foundation is committed to reaching more children each year.

Dr. Bob Kemp Hospice

The Dr. Bob Kemp Hospice provides excellence in care to individuals and families living with a life limiting illness. Based on our foundation of person-centered care, our specially trained staff and volunteers address the physical, emotional and spiritual needs of those we support.





Dear Parent/Caregiver,

Thank you for your interest in Camp Erin Hamilton. Please complete the application package for our annual camp taking place **Friday, June 9th to Sunday June 11th, 2017.**

We are very excited to be able to offer this camp opportunity free-of-charge to children and teenagers in your family who meet the following criteria:

- **are between the ages of 6 and 17**
- **have not previously attended Camp Erin**
- **do not require one-to-one support**
- **have experienced the death of someone close to them and are at least six months into their grief process.**

Provided in this application package are a number of forms with information on the program for the weekend as well as the application that needs to be completed and returned. The deadline for applications is **Friday, March 31st, 2017.** Please note, that only **COMPLETED** forms will be considered. Acceptance into the Camp Erin Hamilton program will be conducted on a first-come, first-served basis, and there are a limited number of spaces for participants. Families will be called and an interview will be held to determine camper readiness.

We encourage you to apply early, as we anticipate having an enthusiastic response. We will also take a short waitlist in case of cancellations.



You will find the following information attached:

- w **Frequently Asked Questions**
- w **Camp Erin Consent Waiver** (please complete and return)
- w **Application and Medical Information** (please complete and return)
- w **Bereavement History Form** (please complete and return)
- w **Custody of Child Form** (please complete and return)
- w **Media and Photo Posting Policy** (please complete and return)
- w **Consent and Release Agreement** (please complete and return)

Please note that **all campers and caregivers are required to attend a special “Camp Erin Hamilton Meet & Greet” event**, to be held **in the evening, date TBA**. This event will provide an opportunity for campers, families, and volunteers to meet each other and receive additional important information about Camp Erin Hamilton.

If you are submitting your completed application please send via e-mail, fax or postal mail by Friday, March 31st to:

Camp Erin Hamilton
c/o The Dr. Bob Kemp Hospice
Attn: Karen Nowicki, Camp Erin Hamilton Administrator
277 Stone Church Road East
Hamilton, Ontario L9P 1B1

Email: knowicki@kemphospice.org
Fax: 905-387-7822

Should you have any questions or require any additional information, please do not hesitate to call us at 905-387-2448, ext. 2208.

We hope to see you at Camp!

Sincerely,

The Camp Erin Hamilton Team:

Susan Repa
Camp Erin Hamilton
Director

Christina Walton
Camp Erin Hamilton
Clinical Director

Rachelle McGuire
Camp Erin Hamilton
Grief Counsellor

Karen Nowicki
Camp Erin Hamilton
Administrator



Frequently Asked Questions & Answers

Q: What is Camp Erin Hamilton?

A: Camp Erin Hamilton is a bereavement camp designed for children ages 6 - 17 that have experienced the death of a parent, sibling, friend, or loved one. At camp the campers are separated into youth groups and teen groups allowing them to be with campers in their own age range. It is a weekend-long experience filled with traditional, fun, camp activities combined with grief education and emotional support facilitated by grief professionals and trained volunteers.

Q: How did Camp Erin get started? Why is it called Camp Erin?

A: Camp Erin is named in memory of Erin Metcalf, a young woman who developed liver cancer at the age of 15. Karen and Jamie Moyer, founders of The Moyer Foundation, met Erin during Spring Training in 1998, and they developed a special friendship with Erin and her family. In June of 2000, when Erin died at the age of 17, the Moyers wished to honour Erin's memory and her caring spirit. Because Erin had such a desire to help other children, the Moyers felt that a grief camp for children and youth would be an appropriate tribute to her caring spirit.

Q: When will Camp Erin Hamilton take place?

A: Camp Erin Hamilton will take place Friday, June 9th, 2017 through Sunday, June 11th, 2017. Camp Erin Hamilton will be held at Camp Wenonah in Bracebridge, Ontario.

Q: Who can attend Camp Erin Hamilton?

A: Any person ages 6 through 17 who has experienced the death of a loved one may attend Camp Erin Hamilton. Potential campers will be required to fill out an application form containing personal, bereavement and medical information. Because we want to ensure the best possible experience for every Camp Erin Hamilton participant, each applicant will be reviewed in detail and will require an interview before the application process is complete. Due to the large number of applicants expected, campers will be selected on a first come, first serve basis. Each child and youth will be able to attend Camp Erin Hamilton once. This will ensure that each year we give as many children and youth as possible the opportunity to attend Camp Erin Hamilton. In the event we have more applications than Camper spots, we will add your child or youth to a waiting list in the order that the application was received.

Q: How much does Camp Erin Hamilton cost?

A: Through grants, fundraising efforts and generous support of organizations in our community, Camp Erin Hamilton is free to all campers.

Q: What activities are provided for the children and youth at Camp Erin Hamilton?

A: Children and youth grieve in many ways. They require physical activity as well as emotional outlets, coping skills and community-building to cope with loss. The goal of Camp Erin Hamilton is to help normalize the grief process for all campers. It will provide a safe method and place where children and teenagers can grieve with other children and youth who have experienced loss.

There will be ample activities for children of all ages and abilities. Camp activities **may** include the following:

Sharing
Arts & Crafts
Luminaries

Music
Swimming
Nature Walks

Canoes
Paddle Boats
Storytelling



Q: Who runs Camp Erin Hamilton?

A: Camp Erin Hamilton is coordinated and staffed by a highly experienced and supportive team, in addition to expert bereavement therapy professionals and trained volunteers. While at Camp Wenonah, the facility where Camp Erin Hamilton is held, Camp Erin Hamilton staff and volunteers are supported by Camp Wenonah's own staff, who are hired for their ability to provide strong leadership and to be positive roles models for the youth in their care. All staff have current qualifications in first aid, CPR and swimming standards.

Q: What is the “Meet & Greet” event and do we need to attend?

A: The Camp Erin Hamilton Meet & Greet evening event, **date TBA**, provides an important opportunity for campers, families and volunteers to meet each other and receive additional important information about Camp Erin Hamilton. For children and teenagers who are feeling shy about going to camp with people they don't know, this event provides a safe and supportive opportunity to begin to build connections and community with other campers. You will also be given a packing list. All campers will be asked to attend.

Q: What is The Moyer Foundation?

A: The Moyer Foundation is an American non-profit organization established in 2000 by Major League, 2008 World Series-winning All-Star Pitcher, Jamie Moyer and his wife Karen. Since its inception, The Moyer Foundation has raised over \$19 million to support over 225 non-profit organizations that help children in distress. Camp Erin, the largest network of bereavement camps in North America, is one of its key initiatives to support children. The Moyer Foundation partners with local hospice and grief counselling organizations in the communities where the camps exist and currently supports over 40 camps throughout the US and two locations in Canada.

Q: How will my camper be transported to and from camp?

A: Campers, staff and volunteers will travel to and from Camp Erin Hamilton by bus.



Camp Erin Consent Waiver

Camp Erin Consent Waiver

Camper Information:

Surname:	First Name:	D.O.B.:
Surname:	First Name:	D.O.B.:
Surname:	First Name:	D.O.B.:

Camper Commitment Sheet Parents/Guardians/Camper Please Complete

I/We the parent(s)/guardian(s) commit to: returning all paperwork to the Dr. Bob Kemp Hospice, being truthful and comprehensive about any issues concerning my/our child that are important to know at camp, providing all the correct information to enable a positive camp experience to take place, and talking to my/our child about the reasons for camp and the expectations of my/our child as a camper.

I/We understand and agree that my/our child will be participating in all aspects of the camp program, unless medically advised otherwise. I/We acknowledge that the camp program consists of a variety of physical activities. I/We further acknowledge and understand that there are certain inherent risks associated with participating in physical activities of this nature, and that accidents and injuries may occur for which The Moyer Foundation and the Dr. Bob Kemp Hospice are not, and will not, be held responsible. Therefore, for valuable consideration, the receipt of which is hereby acknowledged, I/we hereby release, forever discharge and save harmless Camp Erin, The Moyer Foundation, the Dr. Bob Kemp Hospice and all of their respective affiliated entities, members, agents, service providers, volunteers, employees, medical staff, officers, and directors (the "Releasees"), on behalf of the parent(s), guardian(s), and the child (including their respective legal personal representatives), from any and all actions, causes of action, claims, demands, costs, and expenses resulting from any loss, injury, damage, or death, to/of person or property which has arisen or may arise from any and all participation in Camp Erin, including any of their programs or otherwise, notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Releasees or any of them.

Signature of parent or guardian, on behalf of the parent(s)/guardian(s) and child

Date

I commit to: trying my best, being fair, following the camp rules, working well with my counsellors and other campers, being honest, and being responsible at camp.

_____; _____; _____
Signature of camper(s)

Date



Camper Application & Medical Information Form

Camp Erin Hamilton 2017 Camper Application and Medical Information

Please return completed application by **Friday, March 31, 2017** by e-mail, fax or postal mail to:

Camp Erin Hamilton
c/o Dr. Bob Kemp Hospice
Attn: Karen, Nowicki, Camp Erin Hamilton Administrator
277 Stone Church Road East
Hamilton, Ontario L9B 1B1

Fax: 905-387-7822
E-mail: knowicki@kemphospice.org
Phone: 905-387-2448 ext. 2208

Please Note: Campers/Families should plan on attending the Camp Erin Hamilton Meet & Greet evening event. Details to come.

Camper Information:

Surname: First Name: Male Female

Date of Birth (mm/dd/yy): Age on Camp Day: Grade (June 2017):

Permanent Address: City: Postal Code:

Parent/Guardian Name(s): Relation to Camper:

Parent/Guardian Primary Phone #: Parent/Guardian Alternative Phone #(s):

Parent/Guardian E-mail:

Primary Emergency Contact (please include phone # and relation to Camper):

Secondary Emergency Contact (please include phone # and relation to Camper):

Has your child ever attended camp before? Day Camp Overnight Camp
 This is my child's first camp experience

How did you hear about Camp Erin Hamilton?

T-Shirt Size

Please indicate your child's t-shirt size:

CHILD: S M L XL

ADULT: S M L XL



Camper Application & Medical Information Form

Medical Information:

OHIP:

Family Physician): Phone Number:

Dietary Restrictions:

- none
- vegetarian
- vegan
- lactose intolerant
- gluten intolerant

Allergies:

- none
- food
- nuts
- bee stings
- medications

Other:

EpiPen required: Yes No Camper carries own EpiPen: Yes No

If your child requires an EpiPen, you must send him/her to Camp with one that is within the expiry date.

Immunization: Please give the date of the last immunization shot (mm/dd/yy):

Diphtheria	<input type="text"/>	Measles	<input type="text"/>	Polio	<input type="text"/>
Pertussis	<input type="text"/>	Tetanus	<input type="text"/>		

Indicate the medical issues for which the Camper has been treated:

- none
- sleep walking
- thyroid disease
- nosebleeds
- epilepsy
- debilitating sports injury
- migraine headaches
- bleeding problems
- diabetes
- heart problems
- asthma
- motion sickness
- urinary tract infection(s)
- lactose intolerance

Give details of all allergic reactions, and of major or recent illnesses, operations, injuries and treatments. Give details of any other physical or emotional problems for which treatment of support may be necessary at Camp:

Please provide details regarding the issue(s) checked off or any other significant medical issues requiring the full awareness of Camp program facilitators:

Please list all prescription medications and non-prescription medicines you will be bringing to Camp:



Camper Application & Medical Information Form



Agreement

To the best of my knowledge, (participant's name): is in good health, free of communicable disease, and physically able to participate in all the activities, except as noted above. In case of medical and/or surgical emergency, and in the event that I cannot be contacted, I hereby give full authorization to the physician, staff and or nurse selected by the camp director, to secure proper treatment (i.e., hospitalization, injections, transfusions, anesthesia or surgery as appropriately required) for the person as named above. I further authorize Camp Erin and its agents to disclose any and all information that they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin, The Moyer Foundation, the Dr. Bob Kemp Hospice and all of their respective affiliated entities, members, agents, service providers, volunteers, employees, medical staff, officers, and directors for such care or related costs or expenses. I certify that the above information is accurate, and that I concur with the statements as described.

I understand that by not providing my camper's personal immunization information I may be asked to make the necessary arrangements to pick him/her up from Camp Erin Hamilton and Camp Wenonah should a breakout of a communicable disease occur in order to protect myself and other campers.

I agree

I disagree

Date (mm/dd/yy):

Consent to contact during and after service

I, (name of parents/guardian/youth 15yrs+) give permission to the staff and volunteers of Camp Erin Hamilton to contact me about upcoming events, research, updates and opportunities to support Camp Erin Hamilton. I understand that I can revoke my consent to be contacted in writing at any time.

Parents/guardian/youth (15 yrs+) signature:

E-mail address:

I do not have access to e-mail, please use my mailing address or phone number.

Parents/guardian/youth (15 yrs+) signature:

Sharing of Address with The Moyer Foundation

Several times each year The Moyer Foundation sends out a Camp Erin newsletter, the Blue Heron Reporter, to all Camp Erin alumni campers and volunteers. If you would like to receive this newsletter we will need to share your address with The Moyer Foundation. Please indicate below if you would like to receive the Camp Erin newsletter from The Moyer Foundation:

Yes

No



Bereavement History Form

Bereavement History

Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child/teen.

Child/teen's Name: _____

1. Full name of deceased: _____ Relationship to child/teen: _____

2. Birth date of deceased: _____ Date of death: _____

3. Age of deceased at time of death: _____ Age of child/teen at time of death: _____

4. Was the deceased a resident at the Dr. Bob Kemp Hospice at the time of death? _____

5. Was the death anticipated or sudden? _____

6. What was the deceased's cause of death? _____

7. Please check if either of the following statements are true:

Child/teen has not been told the facts about the deceased's cause of death

Child/teen does not understand the facts about the deceased's cause of death

If either is checked, please explain: _____

8. Is this your child/teen's first experience with death? _____

If no, please comment on other deaths your child/teen has experienced: _____

9. Where did this person die? _____

10. Was the child/teen present at the time of death? _____

11. Did the child/teen see the deceased after the death? _____

12. Was there a funeral or memorial service? _____

If yes, did your child/teen attend and what were your child/teen's comments/reactions to the service?

13. Did the child/teen live with the deceased? _____

14. How would you describe your child/teen's relationship with the deceased? _____



Bereavement History Form

15. How would you describe your family's communication style regarding the death?

- open
- adequate
- very little
- avoided
- none

16. Does your child/teen speak openly about the person who died? _____

17. Please explain how your child/teen indicates that he/she is grieving? _____

Reaction to the Loss

Please place a check mark next to any of the following your child/teen has exhibited since the death of the loved one:

- | | | |
|--|--|---|
| <input type="checkbox"/> lack of energy | <input type="checkbox"/> behaviour problems at school | <input type="checkbox"/> peer difficulties |
| <input type="checkbox"/> withdrawn/isolation | <input type="checkbox"/> behaviour problems at home | <input type="checkbox"/> drug/alcohol abuse |
| <input type="checkbox"/> depression | <input type="checkbox"/> running away from home | <input type="checkbox"/> causing harm to others |
| <input type="checkbox"/> suicidal thoughts/talk | <input type="checkbox"/> headaches/stomachaches | <input type="checkbox"/> lying |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> sleeping disturbances | <input type="checkbox"/> stealing |
| <input type="checkbox"/> causing harm to self | <input type="checkbox"/> sleep walking/bed wetting | <input type="checkbox"/> destruction of property |
| | nightmares/night sweats (please circle) | |
| <input type="checkbox"/> loss of interest in usual activities | <input type="checkbox"/> belief that death was his/her fault | <input type="checkbox"/> anger |
| <input type="checkbox"/> inappropriate sexual behaviour | <input type="checkbox"/> belief that death is a punishment | <input type="checkbox"/> disbelief |
| <input type="checkbox"/> special fears | <input type="checkbox"/> changes in attendance at school
(please circle: increase/decrease) | <input type="checkbox"/> always trying to be in control
or perfect |
| <input type="checkbox"/> worries about his/her safety or
safety of others | <input type="checkbox"/> changes in weight
(please circle: increase/decrease) | <input type="checkbox"/> changes in how he/she feels
about self |
| <input type="checkbox"/> hyperactive/impulsive | | |

Other Important Information

1. Has your child/teen received any professional support (i.e. school counsellor, mental health therapist, peer support group, psychiatrist, pastoral support)? _____

If yes, is support currently provided? Please give approximate dates of when support started/ended.

2. Has there been any other changes/stresses in your child/teen's life (i.e. illness, relocation, divorce, remarriage, finances, other losses)? Please explain: _____

3. Has your child/teen ever experienced abuse of any kind? _____

If yes, please explain: _____

Please note that staff uses their utmost discretion in determining when contact by e-mail is appropriate and do not use e-mail to communicate regarding medical, counselling or family care issues.



Custody of Child Form



Name of Child Camper: _____

Birth Date of Child Camper: _____

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin Hamilton, its staff, and/or its volunteers to release the child camper to the following person(s) during or at the end of Camp Erin Hamilton for purposes of transporting or otherwise assuming custody of the child camper:

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

If it is necessary for my child to leave Camp Erin Hamilton before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin Hamilton may require photo identification of anyone who picks up the child camper from Camp Erin Hamilton, including myself.

I hereby release Camp Erin Hamilton, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin Hamilton may release my child to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

Signature of Parent/Guardian

Date



Camp Erin sends photographs to all campers and volunteers who attend camp each year as a memento of their time at camp.

Camp Erin creates marketing and collateral materials to promote the camp and solicit funds from donors. These materials may contain photographs and/or videos of current and/or previous camps as well as statements/quotes obtained from campers, their families and/or volunteers. Camp Erin protects the identity of any camper or volunteer currently or previously attending Camp Erin in its reporting requirements and its marketing endeavors.

Camp Erin does not release photographs, videos, statements or quotes of campers, their families and/or volunteers without the written consent of the individual(s) concerned. However, photographs and videos may be released without consent if the face of an individual is presented in such a way that makes it highly improbable that the identity of the person could be discerned. Similarly, statements or quotes may be released without consent when the full name and/or identity of the person is not revealed.

The following individuals will have access to all photographs, videos and interviews of Camp Erin participants:

- **Camp Erin Hamilton Director**
- **Camp Erin Hamilton Administrator**
- **Photographer/Videographer**
- **The Moyer Foundation**
- **The Dr. Bob Kemp Hospice**



Photo Posting Policy

We would like to remind you that photographs or video clips taken by Camp Erin Hamilton are considered Camp Erin Hamilton property. Parents and/or caregivers who have given consent for their children/ teenager's photographs to be distributed have done so ONLY for Camp Management. Campers, volunteers and staff cannot post Camp Erin Hamilton pictures on personal web pages, social media (i.e. Facebook) or on public photo sharing websites (i.e. Kodak Gallery, Shutterfly or Caring Bridge) without written permission from Camp Erin Hamilton.

If photos or videos are found to be displayed on the Internet, in any capacity, without prior permission of Camp Erin Hamilton, the person responsible will be contacted immediately to remove the media content.

Thank you for your understanding and cooperation in regards to this matter.

Signature of Parent/Guardian

Date



2017 CONSENT AND RELEASE AGREEMENT

I, _____ understand that The Moyer Foundation desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights to The Moyer Foundation and release The Moyer Foundation from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement (“Consent and Release”) confirms my child's and my grant of rights and our agreement as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to The Moyer Foundation, its employees, agents, representatives, contractors, successors, and assigns (the “Foundation”) the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable, right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform, and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“Images and Remarks”); and, (b) use copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks, and to create other materials or copyright protected works using or incorporating my or my child's Images and Remarks (“Promotional Materials”), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin and for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of The Moyer Foundation using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites, or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant The Moyer Foundation all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against The Moyer Foundation therefor.

2. Contact. I agree to receive information/news/updates and other communications, in hard copy, electronic, via telephone and other means, from The Moyer Foundation. I hereby consent to collection and disclosure of my mailing address, email address, and phone number to the Foundation for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless The Moyer Foundation and its directors, employees and advisors (collectively, the “Released Parties”) from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty, tort (including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may now or in the future have based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived there from, including but not limited to claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of or relating to any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, “Harm”) that may be suffered by my child or me or any third party as a result of or in connection with my or my child's participation in, volunteering for, or employment by, Camp Erin. IF I AM THE PARENT OR LEGAL GUARDIAN OF A CAMPER, EMPLOYEE, OR VOLUNTEER, I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY RELEASED CLAIMS.

(over please)



4. Representations and Warranties. I represent and warrant that: (a) my or my child’s involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child’s participation in, volunteering for, or employment by, Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child’s participation in, volunteering for, or employment by, Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to The Moyer Foundation herein granted, that this Consent and Release constitutes my or my child’s legal and binding obligation enforceable in accordance with its terms, and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between The Moyer Foundation, my child, and me, and supersedes any prior agreements and discussions between us with respect to my child’s or my Publicity Rights. In granting the rights herein, my child and I have not been coerced or induced to do so by any representations or assurances by The Moyer Foundation, its agents or representatives. This Consent and Release may be amended only by written instrument signed by The Moyer Foundation and me. The provisions hereof shall be binding upon my child, me and my heirs, representatives, executors, administrators, and successors. Foundation may, in its sole discretion, assign or transfer all or portions of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby waive any objection to and submit to the venue and jurisdiction of such court (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH FOUNDATION IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: Camper Volunteer Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: _____ / _____ / _____

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____ City, Province, Postal Code: _____

Phone Number: Mobile Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____

Camper/Volunteer/Staff Member (if over age of majority in state of residence)
 Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)

