

Insurance Form

LAST NAME _____ FIRST _____ DATE OF BIRTH _____

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ADDRESS _____

HOME PHONE _____ WORK PHONE _____

PARENTS LAST/FIRST NAMES _____

MEDICAL INSURANCE NAME _____ POLICY NUMBER _____

We the undersigned understand that this camp is held in furthering the education and social needs of the Zartoshti community in California. All the organizers and helpers are voluntary members. They do not assume any individual responsibility in material as well as injury to the participants. All the participants are participating at their own risk and as in part members who run this camp. We will be available to cater to any emergency or accident to our youth during the camp period.

Authorization to consent to treatment and responsibility of payment

I (we), parents of the above youth do hereby authorize the organizer as agent for the undersigned to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital. This permission includes any necessary dental agreement to be performed by a licensed dentist under provision of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on part of aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of the Civil Code. This authorization shall remain effective until revoked sooner in writing, delivered to the said agents.

In consideration of the benefits to be derived from the aforesaid outing(s) I (we) hereby voluntarily waive any claim against California Zoroastrian Center and the volunteers arranging this camp.

It is understood that a conscientious effort will be made to contact you the undersigned prior to rendering treatment, but in order to safeguard the well-being, any of the above will not be withheld.

I (we) waive all claims against California Zoroastrian Center and the volunteers arranging this camp during attendance of such event. I (we) the undersigned, being parent(s) of above named youth(s) do hereby give my (our) consent and permission for my (our) child to attend said activities.

I (we) are responsible for 'all' medical/dental expenses of my (our) youth being sent to camp.

PHYSICIAN (personal): Name/Address/Phone _____

SIGNED BY:

Father _____ Mother _____

Date _____

(Please note any special instruction to physician or nurse concerning any physical restriction)



**RELEASE OF LIABILITY FORM
(MINOR UNDER 18 YEARS)**

UNITED BOYS & GIRLS CLUBS OF SANTA BARBARA COUNTY (CAMP WHITTIER), hereinafter referred to “**Camp Whittier**,” requires a signature for all attendees of the Camp. A signature of a parent or guardian is required if the participant is less than eighteen (18) years of age. The signature provided below confirms Agreement to Attend, Voluntary Participation, Assumption of Risk, Media Release, and Medical Release in order to attend Camp Whittier and to voluntarily participate in any Camp Whittier activity.

I, _____, parent/guardian/caretaker for _____
PLEASE PRINT MINOR’S NAME (PLEASE PRINT)

acknowledge, appreciate, that **IN CONSIDERATION** of attending Camp Whittier, agree that attendance and activities may include, but are not limited to ropes course, zip-line, archery, swimming, strenuous competition games, night games, frisbee, volleyball, football, soccer, baseball, horseshoes, and other related sports and activities. I also understand that during the participation at Camp Whittier, he/she may be exposed to a variety of risks and hazards, foreseen and unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, hiking/walking/running outside; snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail on behalf of the minor.

I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE AND HOLD HARMLESS UNITED BOYS & GIRLS CLUBS OF SANTA BARBARA COUNTY (CAMP WHITTIER)**, their officers, officials, agents and/or employees (“releases”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person(s) or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE**, except that which is the result of gross negligence and/or wonton misconduct.

Furthermore, this form releases Camp Whittier for any lost, stolen, or damaged articles. I also authorize Camp Whittier to photograph and/or use photographs of him/her for the use in its publications, advertising, promotional purposes, internet, social media sites, and/or visual presentations which inform people of the services and activities of Camp Whittier.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: ____/____/____
Parent or Guardian’s Signature

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number:(____) _____ Email: _____

Parent or guardian must read this form and sign below:

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Camp Whittier and all other releases, but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

X _____ Date Signed: ____/____/____

Relationship to Attendee/Participant: