



# Camp Expedition

## The Central Coast Autism Spectrum Center

### AUTHORIZATION AND CONSENT FORM

#### **Participation**

I hereby give my permission for my child \_\_\_\_\_ to participate in the Central Coast Autism Spectrum Center's Camp Expedition summer day camp program.

#### **Emergency/Medical**

I understand that I am responsible for advising Camp staff of any relevant health or behavioral information about my child and that it is my responsibility to coordinate any transportation and medical care that my child may need. I also agree to release and hold harmless the Central Coast Autism Spectrum Center, its employees, volunteers, board members, and their heirs, from any accident or loss that may occur as a result of Camp Expedition.

I authorize the Central Coast Autism Spectrum Center and its staff and volunteers to order treatment and necessary transportation for my child, from any licensed physician, hospital, clinic or ambulance service for any injury that could arise from participation.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### **Minor Release**

All participants are released at the end of each camp day to their parent/guardian or one of the individuals listed below. **NO EXCEPTIONS!**

Persons Authorized to Pick Up Child from Camp Expedition:

Name: Relationship: Phone Number(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____

**I have read and understand all of the above and give consent for my child to participate in Camp Expedition 2019.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPANT WAIVER AND RELEASE FOR MINORS**

\_\_\_\_\_ has my (our) permission to  
(name of minor)

participate in

Camp Expedition - Bounce House and Inflatable Slide

Event or Activity Date: 6/20/19 through 6/25/19

at **Camp Arroyo Grande, Arroyo Grande** from 9:00 to 4:00  
Location beginning time ending time

I understand and acknowledge that Bounce House and Inflatable Slide activity poses risks to my child, including the risk of bodily injury and serious injury or death.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge Central Coast Autism Spectrum Center and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event.

I hereby certify that the minor is my son / daughter (circle one) and that his/her date of birth is \_\_\_\_\_

and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above named minor has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none".):

\_\_\_\_\_

1. \_\_\_\_\_  
Signature Print Name

2. \_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Address City State Zip Phone (w/ area code)



# The Central Coast Autism Spectrum Center

[www.AutismSpectrumCenter.com](http://www.AutismSpectrumCenter.com)

## Camp Expedition Public Relations Consent Form

The Purpose of this form is to grant the Central Coast Autism Spectrum Center (CCASC) the use of photographs and likenesses of camp participants, volunteers, and others for camp slide shows and movies, as well as for promotional purposes. Public relations/marketing activities may include, but are not limited to: publications with photographs such as brochures, flyers, newsletters, CCASC website/newsletter, advertisements, display boards and television.

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, being the parent/legal guardian of the above named participant, give CCASC, its assigns, or successors the right to use the above named individual's name and any photograph, video, voice recordings or any media likeness now known and hereafter created, for the purpose of promoting CCASC mission, services, products or programs.

In addition, I agree that such items shall belong to CCASC and remain free and clear of any claim whatsoever on the part of the above named individual and/or parent/guardian. I understand that I may terminate authorization at any time for any future photographs, videos, voice recordings, or other likenesses produced of the above named individual by delivering written notice to CCASC. However, said termination will not cover items previously authorized and already in production and/or use.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_