

Camp Crescent Moon

Sickle Cell Disease Foundation of California

RELEASE FOR EMERGENCY TREATMENT AND LIMITATION OF LIABILITY

I am the **PARENT, GUARDIAN OR CAREGIVER** authorized to give consent for medical and dental care of _____, a camper who is under 18 years of age, who will travel to and attend Camp Crescent Moon during the dates of July 13 – 20, 2019 (*if a caregiver, I am a relative of camper and can authorize medical and dental care for camper under California Family Code §6550*).

OR

I _____ am a **VOLUNTEER** over 18 years of age who will travel to and attend Camp Crescent Moon during the dates of July 13 – 20, 2019.

Pursuant to California Family Code §6910, I hereby authorize the Director, Doctor or Nurse of Camp Crescent Moon to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed by the Medical Board of California, or consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to the minor by a dentist licensed by The Dental Board of California. This authorization shall be effective whether such diagnosis, treatment or care is rendered at the office of said physician or dentist, at a hospital, at Camp Crescent Moon, or elsewhere, and shall remain effective while I am or my said child/ward is in route to or from or involved or participating in any program or activity of Camp Crescent Moon, unless earlier revoked by me in writing and delivered to the Director.

I hereby acknowledge that for proper functioning of Camp Crescent Moon, a unique summer camp exclusively for children with sickle cell disease, it is necessary that the doctor / nursing / therapist staff at the camp be able to discuss the Camper/Volunteer's health issues with the non-medical counseling and other staff so that the staff is able to assist with providing a camp experience which is sensitive to and consistent with the Camper/Volunteer's health issues, limitations, and requirements. While the camp staff does not provide health care, they need to understand the health conditions to assure that activities are tailored to the needs, abilities and limitations of those attending the camp.

I further acknowledge that discussions between the doctors and nurses and the non-medical staff may be filmed for promoting interest in Camp Crescent Moon by the general public and by potential donors. The undersigned acknowledges that such discussions may include medical record information pertaining to the Camper/Volunteer. I further understand that such film may be submitted to news organizations and other commercial broadcast facilities for human interest coverage of the Camp, its campers and staff or used at Camp Crescent Moon fundraising functions or to supplement a Camp Crescent Moon speech to hospitals, businesses, groups or organizations.

In full consideration of the foregoing, the undersigned hereby authorizes the medical staff of Camp Crescent Moon, including without limitation, its doctors, nurses, therapists, as applicable, to disclose the undersigned's full medical record information to the non-medical staff of Camp Crescent Moon for the purposes stated above and the undersigned further authorizes that such medical information discussions between the medical staff and non-medical staff at Camp Crescent Moon may be filmed for the purposes stated above.

On my own behalf and on behalf of my child/ward, I hereby expressly release, discharge and hold harmless Camp Crescent Moon, the Sickle Cell Disease Foundation of California and the Temescal Gateway Park and their respective agents, employees, officers, directors and representatives, from any liability or responsibility relating to or arising from any damage, loss or injury sustained by Camper/Volunteer while traveling to or from Camp Crescent Moon, while attending Camp Crescent Moon, while participating in any activities at Camp Crescent Moon or any trips or activities sponsored by the Sickle Cell Disease Foundation of California, or while staying in any accommodations provided or arranged by Camp Crescent Moon or by the Sickle Cell Disease Foundation of California, other than such liability or responsibility which may arise as a result of their gross negligence or willful misconduct. Without limiting the generality of the foregoing, this release includes within its scope any loss, damage or injury sustained as a result of any ordinary negligence, whether active or passive on the part of Camp Crescent Moon, the Sickle Cell Disease Foundation of California, or any of their officers, agents, employees or representatives.

Camp Crescent Moon

Sickle Cell Disease Foundation of California

The foregoing release is to be construed in accordance with the laws of the State of California. It is intended to release claims which are known and which are as yet unknown. Accordingly, I hereby waive on my own behalf and on behalf of Camper/Volunteer, the provisions of the California Civil Code Section 1542 which provides:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.”

I have read and understood the Camp Crescent Moon health history/physical form, and the information I have given is true and correct.

Dated: _____, 2019

X _____
Signature

Print Name

PUBLICITY RELEASE

For good and valuable consideration from the Sickle Cell Disease Foundation of California and Camp Crescent Moon, the adequacy and receipt of which I hereby acknowledge, I hereby expressly grant to the Sickle Cell Disease Foundation of California and Camp Crescent Moon, or any third party either of them may authorize, and to their employees, agents and assigns, the right to photograph me (or my child/ward) and/or make recordings of my/his/her voice, and the right to use pictures, recordings and other reproductions of my/his/her physical likeness or voice (as the same may appear in any still-camera photographs, videotape, and/or motion picture film) for any advertising, promotion, and/or fundraising, without any further compensation. All such photographs, videotapes, motion picture films, and recordings, and all negatives or masters thereof, shall be the sole and exclusive property of the Sickle Cell Disease Foundation of California and Camp Crescent Moon.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have hereunto set my hand this _____ day of _____ 2019.

X _____
Signature

Print Name