



Authorization For Campers and Staff Under The Age of 18
Effective September 2003/Revisions Included

THE FOLLOWING AUTHORIZATIONS AND RELEASE AGREEMENT MUST BE SIGNED BY THE LEGAL PARENT/GUARDIAN AND DULY NOTARIZED FOR APPLICANT TO ATTEND CAMP.

This form may be photocopied for use out of camp business office.

PARENTAL:

As the legal/guardian of _____, he/she has my permission to participate in all prescribed camp activities, except those noted by me or the examining physician. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Camp Bon Coeur, Inc. to hospitalize, secure proper treatment, and to order an injection, anesthesia or surgery for my child.

MEDICATIONS:

I hereby authorize the Camp Nurses to administer daily, home medications, over the counter medications, as prescribed and/or as needed.

PUBLICITY:

I hereby authorize the use of the name, address and photographs taken of applicant stated herein by persons selected by the Camp Director for use in Camp Bon Coeur, Inc advertisements and/or publicity, including general portions of the web-site and the CBC on-line photo-gallery.

INSURANCE:

I hereby acknowledge that the Accident and Sickness Insurance maintained by Camp Bon Coeur, Inc. specifically excludes claims resulting from pre-existing health conditions that are defined as ant pre-existing condition for which an uninsured person receives medical treatment, medicine, or advice from a physician in the twelve- (12) months prior to the effective date of coverage. Therefore, it is the responsibility of the parent/guardian of the applicant named herein to secure coverage for the pre-existing condition.

RELIGIOUS SERVICE:

I hereby authorize applicant stated herein to attend a Christian church service at the camp facility.

____ I authorize applicant to attend. ____ I do not authorize applicant to attend.

THE HEART:

I hereby authorize the applicant stated herein to participate in a question and answer forum program called "The Heart." This program headed by Camp Bon Coeur's head nurse is a program in which campers will be able to share their feelings and support with each other by voluntarily asking questions regarding their own heart.

HOLD HARMLESS RELEASE AGREEMENT:

The undersigned as Parent or Legal Guardian of _____, an applicant to attend the camping session of Camp Bon Coeur, Inc. and in consideration of such attendance, do hereby acknowledge that I am aware of the policies and authorizations of Camp Bon Coeur, Inc. and understand same. Further, I hereby release Camp Bon Coeur, Inc., its administrators, director, officers, employees and agents from any and all claims or cause of action arising out of the attendance at said camp by the applicant as well as any accidents or injuries occurring during said session. I further agree to indemnify and hold harmless the said Camp Bon Coeur, Inc. from any and all such claims and causes actions.

I agree with the above sections and sign my permission as parent/legal guardian of _____.

Signature of Legal Parent/Guardian Date Driver's License Number

In the presence of:

WITNESS ADDRESS CITY STATE ZIP

IN WITNESS WHEREOF, I _____ HAVE HEREUNTO

SET _____ AND(S) AND SEAL.

THIS _____ DAY OF _____ IN THE YEAR _____.

_____ NOTARY PUBLIC

_____ MY COMMISSION EXPIRES