

For office use

Date received: _____
 Notified: _____ Initials: _____
 New: _____
 Return x 1: _____ Return x 2+: _____
 Part 1 / 2: _____ / _____
 Tetanus/ Med sheet: _____ / _____
 Photo/Transportation: _____ / _____
 Valuables/Substance: _____ / _____
 Confidentiality/Info release: _____
 Supply needs? Yes / No _____
 EC waiver/Behavior: _____ / _____
 BBQ guest/copy made: _____ / _____
 In SF/SF update: _____ / _____
 Grief behaviors Sf: _____
 In Excel/In Cabin: _____ / _____
 Interview/ app review date: _____ Initials: _____
 Accepted/not accepted date: _____
 Accepted/not accepted initials: _____

Camp Courage 2024 VOYAGE TO SPACE

Monday, June 3 – Friday, June 7, 2024

Kids age 6 – 12 years old

Priority deadline: Friday, April 5, 2024

Late deadline: Friday, May 3, 2024

To avoid delays, please complete this form accurately and completely.

**ATTACH
CAMPER
PHOTO HERE**

*We require a photo so
that we can begin to
learn everyone's name
ahead of Camp.*

All applicants must complete a face-to-face interview with an Annie's Hope staff member.

Interviews must be completed by Friday, May 17, 2024.

Annie's Hope believes in the dignity and the intrinsic worth of every human being. We welcome, affirm, and support children, teens, and adults of all abilities and disabilities, experiences, races, ethnicities, socio-economic backgrounds, sexual orientations, gender identities and expressions, religion and non-religion, citizenship and immigration status, and any other category people use to define themselves or others. Annie's Hope upholds the confidentiality of each individual and does not share this information with other participants. We strive to create safe and inclusive environments that celebrate diversity and foster positive relationships.

Application Part 1

To be completed by a parent or guardian. *Please sit with the child* to complete this application as thoroughly as possible.

General Information:

Date: _____

Child's name: _____ **Date of birth:** _____

Gender: Female Male Non-binary _____ Choose to not respond

Child's pronouns are: She/her/hers He/him/his They/their/theirs Ze/hir/hir

Does your child want their pronouns listed on their camp name tag? Yes No

What name do you want on your name tag? _____

Current age: _____ **Age at the time of significant person's death:** _____ **Age as of June 3, 2024:** _____

School grade completed in May/June 2024: _____ **School name:** _____

School counselor and/or social worker's name: _____

Name of person who is completing this form for the child: _____

Parent/guardian name(s)

Relationship to the child

Relationship to the deceased

Primary parent/guardian phone (Home): _____ **(Cell):** _____

(Work): _____ **E-mail address:** _____

Primary parent/guardian street address: _____

City, State, Zip Code: _____

Do you live within St. Louis CITY limits? Yes No

If not, in what COUNTY do you live? _____

Is the child's home address the same as the primary parent/guardian? Yes No

If not, please provide the child's home address:

Street address: _____

City, State, Zip: _____

Parent/guardian's place of employment: _____

Employer street address: _____

City: _____ State: _____ Zip Code: _____

Does your employer have a matching gift program? Yes No I don't know

Is the child's primary parent/guardian now (or previously) a member of the military/U.S. Uniformed Services?

Yes No

If yes, how is the parent/guardian involved? Active Reserves Veteran National Guard

If yes, which branch of the military/U.S. Uniformed Service group is/was the parent/guardian a member?

Air Force Army Coast Guard Marines Navy NOAA ROTC Space Force

Has the child participated in any other Annie's Hope programs? Yes No

If yes, which programs? Camp Courage Camp Courage – Teens Hope & Healing
Horizons Family Support Groups School Support Group Social Event Teen Retreat

<u>Names of brothers & sisters:</u>	<u>Birth Date</u>	<u>Age</u>	<u>Gender</u>	<u>Applying for Camp?</u>		
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither

Background information on deceased person(s):

Full name: _____

How is the deceased related to this child? She/He/They/Ze is this child's _____ .

What is the child's relationship to the deceased? This child is her/his/their/hir _____ .

Deceased person's gender: Female Male Non-binary _____ Choose to not respond

Deceased person's pronouns: She/her/hers He/him/his They/their/theirs Ze/hir/hir

Date of birth: _____ Date of death: _____

Former place of employment (if applicable): _____

Nature of death (please check all that apply):

Accident Cancer Heart attack Long illness Murder
Short illness Substance use Suicide Other

Please describe the circumstances of the death:

Please describe the child's relationship with the deceased person (close, distant, ambivalent, warm, tense, loving, shared hobbies, angers, disappointments, etc.):

Did the deceased identify with an organized religion? Yes No

If yes, please state the religion: _____

How did the deceased racially identify? Check all that apply.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian

Another option not listed here (please specify): _____

How did the deceased ethnically identify?

Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin

Was the deceased a member of the military/U.S. Uniformed Service? Yes No Unknown

If yes, at the time of death, was she/he/they/ze: Active Reserves Veteran National Guard

Which branch of the military/U.S. Uniformed Service group was she/he/they/ze a member?

Air Force Army Coast Guard Marines Navy NOAA ROTC Space Force

Were any of the deceased person's organs and/or tissue (excluding bone marrow) donated for transplant after her/his/their/hir death? Yes No Unknown

Did the deceased ever receive an organ and/or tissue transplant prior to her/his/their/hir death?

Yes No Unknown

Did you plan/wish to donate the deceased's organs for transplant, yet they were not accepted?

Yes No Unknown

Has the child ever received an organ and/or tissue transplant? Yes No

Was an accurate, honest explanation of the death provided to the child? Yes No

If not, what explanation was given to the child?

Who told the child about the special person's death and how was it done? What was the child's reaction?

Is this the first experience with death for the child? Yes No

If no, please briefly explain all significant losses by death:

Please briefly state your religious affiliation – if any – and describe what religious or spiritual beliefs were used to explain this death to the child.

Did the child get to say “goodbye?” Yes No
If yes, in what way?

What rituals were held after the death (funeral/memorial service/Shiva/repass, burial, cremation, etc.)?

Did the child attend the funeral/memorial service/Shiva/repass? Yes No
If no, did the child or an adult make the decision? If yes, what was the child’s reaction?

Did the child plan or participate in the funeral/memorial service/Shiva/repass? Yes No
If yes, in what way?

Did the child view the deceased’s body? Yes No
If no, did the child or an adult make the decision? If yes, what was the child’s reaction, and what was your response to the child?

Has the child ever had a pet die? Yes No
If yes, what was the child’s reaction, and how was the death handled by other family members?

Grief Behaviors:

Please select a number on a scale from 0 – 10 that represents how often the child shows each of these behaviors.

0	1	2	3	4	5	6	7	8	9	10	
Never		Rarely		Occasionally		Frequently		Very Frequently		Always	
1. _____	afraid of the dark			12. _____	Overeating			23. _____	Cruelty to animals		
2. _____	afraid to go to bed			13. _____	Loss of appetite			24. _____	Hurtful behavior to others (bullying, name calling, etc.)		
3. _____	nightmares			14. _____	Attachment to parent or guardian			25. _____	Hurtful behavior to self (cutting, hair pulling, etc.)		
4. _____	difficulty sleeping			15. _____	Overprotective behavior towards others			26. _____	Use of drugs		
5. _____	over sleeping			16. _____	Withdrawal from family			27. _____	Use of alcohol		
6. _____	bed wetting			17. _____	Withdrawal from friends			28. _____	Use of cigarettes		
7. _____	improved school grades			18. _____	Obsession with death			29. _____	Change in sexual activity		
8. _____	Lowered school grades			19. _____	Increased arguing			30. _____	Participation in risk-taking activities (not wearing a seatbelt or helmet, speeding, free climbing, etc.)		
9. _____	Difficulty concentrating			20. _____	Intense anger			31. _____	Thoughts of suicide		
10. _____	Afraid of hospitals, physicians, or their offices			21. _____	Physical fighting			32. _____	Attempted suicide		
11. _____	Repeated illnesses			22. _____	Destruction of property						

Please add any details about any of the behaviors listed above, especially *hurtful to self or others, suicide, destruction of property, cruelty to animals, intense anger, use of drugs, alcohol or cigarettes, and fighting.*

Has the child experienced any other of these types of losses or changes?

A move	Yes	No	Separation/divorce/remarriages	Yes	No
New school	Yes	No	New responsibilities at home	Yes	No
New job	Yes	No	Abandonment	Yes	No
New caregivers	Yes	No	Other losses	Yes	No

If yes to any, please explain:

Please describe the child's personality, hobbies, talents, struggles, likes, dislikes, etc.:

What do you hope for the child to gain from attending?

Has the child ever participated in individual therapy or attended a support group? Yes No

If yes, please provide the counselor/therapist/social worker's name(s) and time period of counseling.

What is important for Annie's Hope to know about the child's social, emotional, learning, physical, or psychological needs so we may help the child be successful in our programs?

How can we best support the child in light of these needs?

What additional information would you like to share?

*To raise money for our programs, Annie's Hope applies for grant money from foundations and corporations.
To submit successful grant applications, we need answers to the following questions.
Please remember your answers are strictly confidential and optional.*

Does this child qualify for a free or reduced school lunch program? Yes No

Does your family receive assistance from the **TANF** (Temporary Assistance for Needy Families) **program?** (Formerly known as ADC – Aid to Families with Dependent Children). Yes No

Does your family receive **SSI** (Supplemental Security Income – NOT Social Security)? Yes No

Does your family receive **SNAP** (Supplemental Nutrition Assistance Program) **benefits?** (Formerly known as Food Stamps.)
Yes No

Does this child identify with an organized religion? Yes No

If yes, please state the religion: _____

With what race does the child identify? Check all that apply.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian

Another option not listed here (please specify): _____

With what ethnicity does the child identify?

Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin

Does this child have health insurance coverage? Yes No Unknown

If yes, is it Medicaid? Yes No Unknown

If yes, does the plan include mental health coverage? Yes No Unknown

Signature of the CHILD: _____ Date: _____

Signature of PARENT/GUARDIAN: _____ Date: _____

Please continue to the next page for PART 2 (health information, waivers, behavior agreement).

Applications for Camp will not be considered until all application parts are received.

Application Part 2

To be completed by a parent or guardian.

Camper's name: _____ Date of birth: _____

Is this the first time the camper has stayed overnight without your presence? Yes No

Has the camper previously attended an overnight camp? Yes No Where? _____

Has the camper previously attended Camp Courage? Yes No

If yes, what years? 2016 or earlier '17 '18 '19 '20 '21 '22 '23

How did you learn about Camp Courage? _____

How does the child feel about attending Camp Courage?

Excited OK with it Indifferent Scared Reluctant

Camper t-shirt size. Please select one.

Youth size Small (6-8) Medium (10-12) Large (12-14)

Adult size Small Medium Large XL 2XL 3XL

I approve this application and verify that the proposed camper is capable of such an experience.

I understand Camp Courage & the Camp Director reserve the right to dismiss any camper who is judged detrimental to the welfare of the group or whose conduct is not in accord with the standards of Camp Courage.

As the parent/guardian of a participant, I agree to assume the full risk and fully release and discharge members of Annie's Hope, its directors, officers, trustees, agents, servants, employees, and volunteers for any injuries, including death, damages, or losses, regardless of severity, which my child may sustain as a result of any Camp activity. I agree to waive and relinquish all claims my child may have as a result of participating in Camp against Annie's Hope, its directors, officers, trustees, agents, servants, employees, and volunteers as well as to indemnify and hold harmless the aforementioned.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Signature of parent/guardian: _____ Date: _____

CAMPER ASSISTANCE CHECKLIST

You should have already seen and reviewed the Camper Packing Checklist, located in the Parent/Guardian Camp Courage Packet of Information. The list suggested camper supplies. Camp Courage may be able to help obtain the items listed below ONLY if absolutely needed. All other items on the Camper Packing Checklist are the responsibility of the camper's parents and guardians. Please check all items you request.

Toiletries:

Toothbrush & toothpaste
2 bath towels & wash cloths
Preventative Poison Ivy lotion

Hair comb & brush
Shampoo & conditioner
Insect repellent

Deodorant
Soap
Sunblock/sunscreen

Camp Necessities:

Sleeping bag OR 2 sheets & blanket
Messy play clothes
Sneakers

1 pillow & pillowcase
Water Bottle

Bag for belongings
Backpack

Health Examination Form

Camper's name: _____ Date of birth: _____ Age: _____ Height: _____ Weight: _____

Parent/guardian name: _____

Primary parent/guardian phone (Home): _____ (Cell): _____

(Work): _____ E-mail address: _____

Primary parent/guardian street address: _____

City, State, Zip Code: _____

In an emergency, Annie's Hope should notify (other than self):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Doctor's name: _____ Phone: _____

Health history (please check all that apply):

- | | | | | |
|--------------|--------------------------------|---------------|-----------------|---------------------|
| Diabetes | Asthma | Heart disease | Lung disease | Seizures |
| Fainting | Stomach aches | Constipation | Bed wetting | Athlete's foot |
| Sleepwalking | Sleep talking | Homesickness | Tubes in ears | Skin condition |
| Anxiety | Depression | Operations | Serious illness | Motion/car sickness |
| COVID-19 | COVID-19 Diagnosis Date: _____ | | | |

If none apply, please check here:

If one or more apply, please add details:

Has the camper EVER needed an inhaler or nebulizer for wheezing or asthma? Yes No

(If yes, please pack it in the camper's baggage and give it to the nurse at check-in.)

Does the camper have any medical conditions requiring regular medication? Yes No

If yes, please complete the information below. Indicate with an "x" the time of day the medication is given.

<u>Medication</u>	<u>Dose</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Bedtime</u>	<u>Other</u>	<u>Reason</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Additional instructions:

Are there any over-the-counter medications the Camp Nurse may **NOT** give your child? (Benadryl, Tylenol, Ibuprofen, Zyrtec, Claritin, Calamine lotion, Tums, etc.)

Does the camper have any of the following?

Drug allergies: Yes No

If yes, please describe: _____

Food Allergies: Yes No

If yes, please describe: _____

Dietary restrictions: Yes No

If yes, please describe: _____

Is the camper allergic to or fearful of dogs? Yes No

If yes, please describe: _____

Allergic reactions: Bee stings: Yes No Poison ivy/oak: Yes No Mosquito bites: Yes No

If yes, please describe the reaction:

Does the camper have any special diet needs? Yes No

If yes, please describe:

Are the camper's immunizations (*excluding the COVID-19 vaccines*) up to date? Yes No

Has the camper been vaccinated for COVID-19? Yes No

Has the camper received the COVID-19 booster? Yes No

Date of the camper's last Tetanus shot: _____ *Date is required before we can consider this camper for acceptance.

Please notify Annie's Hope if this camper is exposed to any communicable disease in the three weeks before Camp Courage attendance (COVID-19, Chicken Pox, Mumps, Measles, etc.).

Are any specific activities to be restricted? Yes No

If yes, please explain:

Does the camper know how to swim? Yes No

If so, does the camper swim: Poor Average Very good

Does the camper use any specific equipment (braces, glasses, contacts, retainers, cast, etc.)? Yes No

Please add additional information about the specific equipment used:

Insurance provider: _____

Group ID/Policy ID/Medicaid #: _____

In the case of medical emergency, I understand every effort will be made to contact the parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper as named above.

Parent/guardian signature: _____ Date: _____

Annie's Hope & Camp Courage

PHOTOGRAPHIC RELEASE

I, _____, do not hereby authorize **Annie's Hope** to take photographs, films, audiotapes, and videotapes of _____ and their artwork to be used in newspapers, publications, and presentations. **Annie's Hope** may use these items and information in any way the organization considers proper and desirable.

After camp a photo album is sent out with camp photos to the camper's parent/guardian. I, _____, do not hereby authorize **Annie's Hope** to share photographs of _____ their fellow campers.

Parent/guardian signature: _____ Date: _____

TRANSPORTATION WAIVER

I, _____, hereby grant permission for **Annie's Hope** to transport _____, to and from **Camp Courage** on a bus leased by **Annie's Hope**. I release **Annie's Hope** and **Camp Courage** from responsibility and liability if any injuries are incurred in connection with being transported to and from **Camp Courage**.

Parent/guardian signature: _____ Date: _____

RELEASE OF RESPONSIBILITIES FOR VALUABLES

I, _____, hereby release **Annie's Hope** and **Camp Courage** staff and volunteers of any responsibility for valuables that my camper, _____, chooses to bring to **Camp Courage**. I acknowledge that **Camp Courage** guidelines encourage all valuables to be left at home.

Parent/guardian signature: _____ Date: _____

SUBSTANCE USE AGREEMENT

I, _____, understand that use of substances of any kind, including traditional cigarettes, e-
Parent/Guardian
cigarettes, tobacco, street drugs, marijuana, THC, and alcohol, during **Annie's Hope** programming is not allowed. I am aware that
use of such substances during **Camp Courage** is grounds for _____'s immediate removal
Camper's Name
from the program.

Camper signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____

Camper Conduct Agreement

This form must be reviewed with and signed by the camper.

A parent or guardian's signature on behalf of the child is not acceptable.

The child and I (Parent/ Guardian) have read the Code of Conduct Behavior Policy. We understand and agree to follow the Code of Conduct while attending Camp Courage. We understand the consequences of not following the Code of Conduct.

Parent/guardian signature: _____ **Date:** _____

Camper signature: _____ **Date:** _____

Camp Courage Code of Conduct Behavior Agreement

Please read with your camper and keep this page for your reference.

At Annie's Hope, we believe that all children have the right to a safe, fun, and memorable camp experience. We expect campers to be respectful, responsible, and supportive. We want campers to make friends, learn and try new things, and to have fun. To create a positive camp environment, it is important that every camper commits to the following conduct and behavioral expectations. Every parent/guardian is required to read the following information with their camper, sign, and return the Camp Courage Code of Conduct Behavior Agreement to Annie's Hope.

Campers are encouraged to practice positive social skills which allow them to resolve conflicts and meet their needs without the use of harmful or destructive behaviors. When disciplinary situations occur, staff will work with campers to help them understand why their behavior is inappropriate. They will then help campers identify alternative behaviors that are appropriate for camp. We recognize that campers may have coping strategies and conflict management techniques that work for them at school or at home. Staff will attempt to utilize these strategies and techniques as much as possible, if appropriate for camp.

Annie's Hope commitment:

Annie's Hope will provide comprehensive support services for children, teens, and their families who are grieving a death. Camp Courage, one of Annie's Hope programs:

- Will offer a space that is safe and comfortable;
- Will treat each person with respect and dignity;
- Will treat each camper fairly and consistently; and
- Will maintain confidentiality for all children and their families.

Parent and guardian commitment:

Parents and guardians realize the importance of working cooperatively with Annie's Hope to provide the safest, most supportive environment possible. Parents and guardians:

- Will join Annie's Hope in enforcing the Code of Conduct;
- Will review the behavior expectations listed below with their camper before attending camp; and
- Will assist their camper in packing to ensure the dress code is followed and electronic devices are left at home.

Camper commitment:

Campers understand the importance of working cooperatively with Annie's Hope to provide a safe, supportive environment for all campers. Campers:

- Will respect others and themselves, including personal space, belongings, choices, and opinions.
- Will keep their hands to themselves - touching or physical threats are not acceptable.
- Will use appropriate language – swearing, cursing, or discriminatory/racist, offensive/lewd jokes will not be permitted or tolerated.
- Will use appropriate behaviors while in a group - meal manners, listening, not interrupting when someone else is talking, taking turns, saying “please” and “thank you”, and using a “talking” voice for indoors.
- Will arrive on time for gatherings, meals, and activities.
- Will respect camp property, property of fellow campers, and natural resources (i.e., animals, trees).
- Will contribute to the camp community through supporting their peers, helping with cabin responsibilities, and reflecting Camp Courage values.
- Will talk through conflicts and challenges.
- Will respect each other's differences including but not limited to race, gender, sexual orientation, religion, disability, appearance, or grief response.

Bullying Policy

Annie's Hope defines bullying as repeated aggressive behavior with the intent of asserting power and/or control over another individual. We expect all members of our community to be respectful towards one another, therefore we take all incidents of bullying very seriously. If a camper has difficulty meeting this expectation, further action will be taken.

If a camper violates any expectations:

1. We will discuss our concerns with the camper and all individuals involved.
2. We will take actions to redirect the behavior (i.e., time out from an activity). The staff will use fair, consistent, and timely consequences to help campers learn more appropriate behavioral responses.
3. We will call the camper's parent or guardian to discuss the situation and request suggestions for redirecting behavior.
4. If the behavior is persistent or worsens, and if deemed necessary by the Camp Director, the camper may be dismissed from camp and the parent or guardian will be required to pick up the camper from the campground immediately.

Immediate Dismissal

Our staff reserves the right to immediately dismiss campers whose behavior endangers the safety of themselves, other campers and/or our staff, thereby bypassing some of the disciplinary steps outlined above. Immediate dismissal examples:

- Any child who brings a weapon to Camp Courage;
- Any child who brings illegal substances, marijuana, or cannabis products, paraphernalia, alcoholic beverages, or tobacco products to Camp Courage;
- Any child who makes a credible threat to hurt themselves or others;
- Any child who seriously and/or intentionally hurts themselves or others;
- Any child who verbally or physically fights with fellow campers or staff; and
- Any child who has sexual contact with another person at Camp Courage.

Dress Code

We ask parents and guardians to assist the camper with packing for camp. Please keep the camp dress code in mind when packing.

Clothing items that will **NOT** be permitted are:

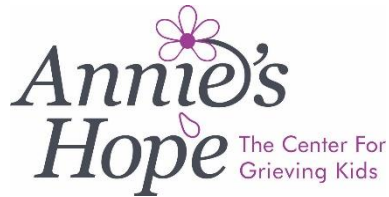
- Any gang-related clothing or styling;
- Clothing that reveals genitalia, midriffs, or under garments;
- Clothing with inappropriate sayings or pictures; and
- Halters, tube tops, cut-off shirts, or short shorts.

Electronic Devices

We ask parents and guardians to assist the camper with packing for camp. Please keep the camp electronic device policy in mind when packing.

Electronic items that will **NOT** be permitted are:

- Phones
- Smart watches
- Tablets
- Laptops
- iPod
- Gaming devices
- Any electronic communication devices



Authorization for Release of Information

To: Annie's Hope

From: _____

Re: Camper's name: _____

Camper's date of birth: _____

For purposes of the length of stay of the above-named child at Camp Courage 2024 only, June 3, 2024 to June 7, 2024, I hereby authorize any educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts, and physicians to whom this authorization is presented to disclose to and discuss with Kaitlyn Paton any information related to evaluation, care, or treatment rendered to my child named above. I further authorize the release of all records, including but not limited to reports, correspondence, notations, diagnoses, and prognoses which may be requested by Kaitlyn Paton.

A faxed copy/photocopy of this release is as valid as the original.

This authorization shall remain in full force and effect until I file a written withdrawal of such authorization or until the close of Camp Courage 2024 on June 7th, 2024, whichever comes first.

This release is intended to comply with the Health Insurance Portability and Accountability Act of 1996. The educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of parent or legal guardian of the above-named camper: _____

Printed name of parent or legal guardian: _____

Primary parent/guardian street address: _____

City, State, Zip Code: _____

Phone number: _____ **Date:** _____



Waiver and Release of Liability

The programs of Lake Williamson’s Eagle Crest Adventures—including high ropes, zip lines, team initiatives, axe throwing, escape rooms, caving, and outdoor education—offer participants the opportunity for individual and group growth. The nature of these programs carry an inherent risk of injury, both minor and serious. Emotional risks include, but are not limited to fear, embarrassment, crying, and anger. Physical risk is also an inherent part of these programs. Common injuries include bumps, bruises, cuts, scrapes, and rope burns. Falls, missteps, tripping, and slipping may result in sprains, broken bones, and damage to back, neck, or other parts of the body. Activities that require physical lifting may result in back injuries or muscle strain. Caving programs carry the additional risk of injury and death from falling, rock fall, entrapment, and drowning.

In signing this document, you agree:

1. You understand participation in Eagle Crest Adventures programs carries risk of minor and major emotional and physical injury. You understand it is not possible for this release to list all possible risks. You understand these risks can result in long-term, health-related issues, permanent disability, loss of work, loss of wages, and even death. You take upon yourself all physical, emotional, and financial risk stemming from participation. You understand that at any time you have the right to decline participation.
2. You understand that with some pre-existing medical conditions strenuous activities may not be recommended. You understand that if you have questions regarding your physical health or a pre-existing medical condition, it is your responsibility to consult with your physician to determine your level of participation. You understand Lake Williamson staff and volunteers are not qualified to make medical assessments regarding participation.
3. You understand that alcohol and drug usage (both illegal and prescription drugs) can increase these risks, and you agree to not participate if you are under the influence of any substance, both legal and illegal.
4. You understand that pregnant women should not participate in Eagle Crest Adventure programs.
5. You understand the weight limit on zip lines is 250 pounds. Severe injury may occur if you mislead staff regarding your weight.
6. In case of injury, you agree to release, waive, discharge, hold harmless, defend, and indemnify any person providing initial first aid treatment. When you are unable to make medical decisions, you grant permission for Lake Williamson staff and volunteers to arrange medical transportation to a hospital and to convey any known medical information to professional medical staff.
7. Because you willing take these risks upon yourself, you waive your right to seek any financial compensation from Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators (including all fulltime and part-time employees and volunteers) from any and all claims, actions, or losses which may arise from participation, even claims that are considered “negligent.” Such financial compensation includes, but is not limited to, medical bills (including hospitalization, doctor visits, physical therapy and long-term disability), loss of wages, loss of personal property, and legal claims.
8. You, on behalf of yourself, your personal representatives, your dependents and your descendents, voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise from participation.
9. If, after clearly waiving your rights to seek financial compensation stemming from participation, you, your personal representatives, your relatives, your dependents or your descendents pursue legal action, you agree:
 - a. All legal filings must take place in the jurisdiction of Macoupin County in the state of Illinois. No filings may take place outside of this jurisdiction.
 - b. This document can be presented in court showing that you willingly took upon yourself any and all risks involved and willingly waived the right to pursue financial compensation stemming from participation.
 - c. You agree the court can only throw out the clause or line that they find offensive, not the entire document.
 - d. You, your personal representatives, your dependents or your descendents are responsible for all fees (including, but not limited to legal expenses) occurred by Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators in defending against all claims.

In consideration of my participation in the Eagle Crest Adventures programs of Lake Williamson Christian Center, I, on behalf of myself, my personal representatives, my relatives, my dependents and my descendents, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise out of my participation in this event.

I agree to follow the instructions of Eagle Crest Adventures staff. I understand Eagle Crest Adventures staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I have read and understood this waiver. I sign it willingly and assume all risk from my participation.

Camper Signature: _____ Date: _____ Group: Annie’s Hope

Camper Print Name: _____ Signature of Parent (If under age 18): _____

CONFIDENTIALITY AGREEMENT

**This statement is to be reviewed by all children who wish to attend Camp Courage.
Parents and guardians, please review this with the camper.**

As you know, children who come to programs offered by **Annie's Hope** are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As fellow participants, you become a piece of the healing process for other children. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information to anyone else - not even with family, friends, or relatives. They share with us because they want to and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by children, volunteers, and staff is strictly confidential. Outside **Annie's Hope** programs, it is not to be discussed - even to your own families and friends. Your story may be told by you to anyone you choose as often as you choose.

There are five exceptions to preserving confidentiality. They are:

1. Any indication that someone is thinking about attempting suicide.
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent/guardian.
4. If there is information ordered by the court including a subpoena. We will attempt to contact the party named about this order. If the release of information is opposed, a court may nevertheless require compliance with the order.
5. If we learn that someone participating at **Annie's Hope** might commit an act of violence. In this case, we may take steps to protect the intended victim against such danger, inform the police, or both.

Fellow participants and volunteers who suspect that a person may harm her/him/them/hirself, another, or property, or that other unsafe conditions exist in a family that are beyond the scope of our services, are to, with the child's, teen's, or adult's knowledge, inform a Director immediately. The Director will assess the severity of the issue and respond accordingly and refer to emergency services, if needed.

CAMPER signature: _____ **Date:** _____

Applications can only be considered once they have been fully completed and received.

Please submit completed applications by mail, email or fax to:

Annie's Hope – The Center for Grieving Kids

Mailing address: 1333 W. Lockwood, Suite 104 • Glendale, MO 63122

Email: applications@annieshope.org

Fax: (314) 918-1438

For questions or concerns, please contact Annie's Hope at (314) 965-5015.