

Camp WAMP at Deer Lake

Volunteer Application

LIABILITY HOLD HARMLESS/ MEDICAL EMERGENCY/ MEDIA RELEASE

Name of Volunteer _____ Telephone: (____) _____

Address: _____ City _____ Zip _____

Medical Personnel to be called in an Emergency:

Name: _____ Telephone: (____) _____

Address _____ City: _____ Zip: _____

If physician cannot be reached, what action should be taken?

Insurance Carrier and Policy Information: _____

In the event that an emergency should arise while _____
(Staff or Volunteer's name)

is participating in a Camp WAMP as staff to contact 1) the emergency contact indicated; 2) if contact #1 is unavailable, call the medical personnel indicated; 3) if contact #1&2 are unavailable, I authorize Camp WAMP staff to arrange transportation to the nearest emergency hospital for such emergency treatment and measures deemed necessary for the safety and protection of the participant at my expense.

Whereas, the undersigned has made a request for permission to participate in the Camp WAMP programs on July 8, through August 17, 2018, as an active participant.

And whereas, the undersigned acknowledges that the activities at the Camp WAMP involves possible risk of injury, damage, expense or loss to person or property.

Now, therefore, in consideration of the Camp WAMP programs in making available to the undersigned the necessary personnel and the use of its equipment and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly hereby does assume all risks arising in the course of said activity specifically agrees to indemnify and hold harmless Camp WAMP Personnel, loss, damage and liability for injury to his or her person or property, including and such claim, loss, damage and liability caused by the negligence of Camp WAMP Personnel its agents or employees, or otherwise, and the officers, agents and employees from and against any and all claims, loss damage and liability for injury to the person or property of another or occurring while participating as a member of the July 8, through August 17, 2008 Camp WAMP or while accompanying and/or assisting an employee of said camp programs during the active performance of his or her official duties as a participant, staff, or volunteer of the program.

READ THE ABOVE COMPLETELY BEFORE SIGNING.

Name of Camp WAMP Volunteer (please print) : _____

Signature of Volunteer: _____

Parent/Guardian Signature (if Volunteer is under 18) : _____

Date: _____

MEDIA RELEASE AGREEMENT

I understand that my son/daughter/ ward/self _____ may
(Participant name first and last, please print)

be photographed, video taped or interviewed while participating in the July 8 through August 17, 2018, Camp WAMP. I give permission to Camp WAMP to release the images and/or interviews of my son/daughter/ward/self to media organization, to use in Camp WAMP publications, and/or to use them in the informational video being created for promotion of Camp WAMP.

Parent/Guardian/Self Signature _____ Date: _____