



# Camp Erin® Lewis Clark Valley 2024 Camper Application



Camp will be held from **Friday, July 12<sup>th</sup> – Sunday, July 14<sup>th</sup>, 2024** at Camp Lutherhaven, Coeur d'Alene, ID. The Willow Center will be hosting Camp Erin which is a transformational weekend camp specifically designed for kids and teens, ages 6-17, who have experienced the death of a significant person. Camp Erin combines traditional, fun camp activities with grief education and emotional support, free of charge for all families. Led by grief professionals and trained volunteers, Camp Erin provides a unique opportunity for youth to increase levels of hope, enhance self-esteem, and especially to learn that they are not alone.

**Campers will be chosen on a first come first serve basis with priority given to new campers\*. A family interview is required for all campers. Acceptance status will be communicated after the family interview. Camp space is limited.**  
*\*Campers that have previously attended any Camp Erin will automatically be added the waitlist. Please verbally inform the staff if your child has experienced a significant death since attending.*

For more information, please call (509) 780-1156, or email [campdirector@willow-center.org](mailto:campdirector@willow-center.org).

**Submission of this application does not constitute acceptance into Camp Erin.**

**CAMPER INFORMATION** (COMPLETE A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

Camper's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Camper prefers to be called (will appear on nametag): \_\_\_\_\_ Gender: \_\_\_\_\_

Pronouns:  She/her/hers  He/him/his  They/them/theirs  Other (please list): \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_ Grade: \_\_\_\_\_

Siblings under 18 (list names/ages): \_\_\_\_\_

**PARENT/LEGAL GUARDIAN:** Any parent/legal guardian listed on this form can receive information about the program and about the camper. (If legal guardian(s) is not the biological parent, please provide custodial paperwork)

(1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail address (watch for important updates): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail address (watch for important updates): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**BEREAVEMENT HISTORY**

Has the camper ever attended a Camp Erin before?  Yes (specify year/ location): \_\_\_\_\_  No

Has the camper been involved with the Willow Center before?  Yes  No

How did you hear about Camp Erin? (check all that apply)

Willow Center  Counselor  School  Web  Advertisement  Other: \_\_\_\_\_

Name(s) of significant person(s) who died: \_\_\_\_\_

Relationship(s) to camper: \_\_\_\_\_

What did the camper call their person(s): \_\_\_\_\_

Date(s) of death: \_\_\_\_\_ Age(s) of deceased at time of death: \_\_\_\_\_

What was the cause(s) of death: \_\_\_\_\_

What does the camper know about the death: \_\_\_\_\_

Was the death anticipated?  Yes  No

Was the camper present at the time of death?  Yes  No

Was the deceased a significant caregiver of the camper?  Yes  No

Did the camper attend the funeral/memorial service?  Yes  No

If YES, what were your camper's reactions to the service?

If NO, was there a reason they did not attend?

Do you and the camper talk about the deceased?  Yes  No

Did the camper receive counseling/grief support before or after the death?  Yes  No

If yes, please specify services received and length of service:

Describe the relationship between the camper and the deceased (e.g. saw each other every day; visit twice a year):

What have you observed that indicates your camper is grieving? \_\_\_\_\_

Has the camper experienced any other deaths? (e.g. pets, distant relative)  Yes  No

If yes, please specify the deaths and describe the impact on the camper: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**CAMPER BEHAVIOR**

Has the camper exhibited any of the following behaviors in the last two months? (Check all that apply.)

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Special fears                         | <input type="checkbox"/> Lying                     | <input type="checkbox"/> Stealing                    | <input type="checkbox"/> Destruction of property   |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide                     | <input type="checkbox"/> Regression                | <input type="checkbox"/> Nightmares                  | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Harmed others                         | <input type="checkbox"/> Behavior problems at home | <input type="checkbox"/> Behavior problems at school |  |
| <input type="checkbox"/> Drug/alcohol use   | <input type="checkbox"/> Unusual/inappropriate sexual behavior | <input type="checkbox"/> Other                     | <input type="checkbox"/> None                        |  |

Please provide more information about the behaviors checked above: \_\_\_\_\_

Describe any other changes/stresses in the camper's life. (e.g. divorce, illness, moves) \_\_\_\_\_

Have you noticed a change in the camper's friendships or peer relationships?

Yes       No

If yes, please specify: \_\_\_\_\_

Has the camper's behavior, things they have said or done concerned you lately?

Yes       No

If yes, please specify: \_\_\_\_\_

Does the camper have any triggers that upset them? (e.g. specific noise, smell, words, etc.)

Yes       No

If yes, please specify: \_\_\_\_\_

Has the camper ever been involved with the juvenile justice system?

Yes       No

If yes, (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arrested      | <input type="checkbox"/> Held in juvenile detention                                       | <input type="checkbox"/> Placed on probation |
| <input type="checkbox"/> Went to court | <input type="checkbox"/> Involved for status offense (ex. Truancy, runaway, ungovernable) |  |
| <input type="checkbox"/> Other         |   |  |

If yes, please provide more information about the items checked above: \_\_\_\_\_

Is the camper currently under the care of a counselor/mental health professional?

Yes       No

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAMP INFORMATION**

Have you and the camper talked about him/her coming to Camp Erin?

Yes       No

What, if any, concerns do YOU have about the camper coming to camp? \_\_\_\_\_

What, if any, concerns does YOUR CAMPER express about coming to camp? \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Is there anything we should know about the camper's religious beliefs or faith practice? \_\_\_\_\_

Is there anything else we should know to better serve the camper? \_\_\_\_\_

T-shirt size (check one):  Youth Small  Youth Medium  Youth Large  
 Adult Small  Adult Medium  Adult Large  Adult XL  Adult 2XL  Adult 3XL

**DEMOGRAPHICS**

*(This information will be used for grant applications, research projects, and to better serve the community.)*

**Race/Ethnicity (Check all that apply.):**

African American/Black  Native American  Asian  Caucasian/White  Pacific Islander  
 Hispanic/Latinx  Multi-Racial  Other: \_\_\_\_\_

Does the camper qualify for or receive free or reduced lunch at school?  Yes  No  Prefer not to answer

Was the deceased an active, reserve, or National Guard military member or military veteran?  Yes  No  
*If so, who and what branch?* \_\_\_\_\_

Is the camper's parent/guardian an active, reserve, or National Guard military member or veteran?  Yes  No  
*If so, who and what branch?* \_\_\_\_\_

**EMERGENCY CONTACTS:** Please list **two people other than parents/guardians** to contact in case of emergency at camp:

(1) Emergency contact #1 full name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

(2) Emergency contact #2 full name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**CAMPER MEDICATION INFORMATION**

Does your camper currently take any long-term medications?

Yes

No

If yes, please list all your camper's current long-term medications. We understand that these might change before camp. **ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH CAMPER'S PRESCRIPTION WHEN ARRIVING TO CAMP.**

(1) Name of medication: \_\_\_\_\_ Used for: \_\_\_\_\_

To be taken at: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescription or OTC: \_\_\_\_\_

Other Information: \_\_\_\_\_

(2) Name of medication: \_\_\_\_\_ Used for: \_\_\_\_\_

To be taken at: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescription or OTC: \_\_\_\_\_

Other Information: \_\_\_\_\_

(3) Name of medication: \_\_\_\_\_ Used for: \_\_\_\_\_

To be taken at: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescription or OTC: \_\_\_\_\_

Other Information: \_\_\_\_\_

Does your camper use an EpiPen? *If yes, please bring to camp.*

Yes

No

Food allergies: \_\_\_\_\_

By signing below, I am certifying that all information in this application to be true, complete, and correct to the best of my knowledge and belief. I am also certifying that I am the legal parent/guardian of the above-named camper, known in this form as 'camper' or 'child'.

I am also authorizing The Willow Center to contact me by phone, text, and email regarding my child and with information about Camp Erin. I understand that there will be more forms to fill out and a family interview prior to my child's acceptance into Camp Erin.

NAME OF PARENT OR LEGAL GUARDIAN (Printed): \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

PLEASE RETURN TO: **The Willow Center**  
**Attn: Camp Erin**  
1714 G Street  
Lewiston ID 83501

**Email:** [campdirector@willow-center.org](mailto:campdirector@willow-center.org)  
**Phone:** 509-780-1156



## Camper Pickup Form

Name of Child Camper: \_\_\_\_\_

Birth Date of Child Camper: \_\_\_\_\_

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin, its staff, and/or its volunteers to release the child camper to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper: **If I am unable to pick up my child, I authorize the person(people) listed below to pick up my child.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers, and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release the child to health care providers or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

**Identification is required when picking up your camper.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Consent for Medical / Surgical Care, Emergency Treatment and Medical Information

Name of Parent/Guardian: \_\_\_\_\_  
*First Middle Last*

Mother  Father  Legal Guardian  (check one)

Name of Child Camper: \_\_\_\_\_  
*First Middle Last*

Gender \_\_\_\_\_ Birth date of child \_\_\_\_\_

As the parent/legal guardian of the above-named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth including administration of over-the-counter medication. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

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

**Lutherhaven Ministries**

**Camp Lutherhaven, Shoshone Mountain Retreat, & McPherson Meadows Program**

**Participant Information & Activity Release of Liability**



**Disclosure:** *Lutherhaven Ministries' programs at all of its sites include a variety of activities involving some degree of risk:*

- Group Activities that may expose participants to infectious diseases
- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Horseback Riding\*
- Swimming
- River Floating
- Canoeing
- Boating
- Hiking
- Biking
- Active Games
- Rigorous Physical Activities
- Other Activities Not Included Her

There is no way to eliminate any potential risk of injury, disability, or even death associated with camp activities. The level of participation in any Lutherhaven Ministries program or activity is at all times completely up to the individual's choice. All Lutherhaven Ministries program elements are built and conducted to industry standards by professional staff utilizing appropriate equipment systems. However, each participant must assume the risk that he or she may suffer an emotional or physical injury, disability, or even death while involved in any physical activity.

**Complete this form entirely!** Certain health information must be known to the facilitator(s) conducting programs so they are prepared to respond appropriately if health or emergency needs arise. This information is held in confidence, but may be disclosed for the health or safety of you or others, or as required by law.

Name of Group: \_\_\_\_\_ Willow Center \_\_\_\_\_ Date: \_\_\_\_\_ 7/12-7/14 \_\_\_\_\_

1. Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Is there *any* activity you do not want yourself or your child/ward to engage in? If yes, please specify the activity and the reason why you do not want them to engage in it.  
\_\_\_\_\_

3. Do you or your child/ward have Health Insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, name of participants insurance company, group number and policy number.  
\_\_\_\_\_

4. Do you or your child/ward have any physical disabilities or medical conditions (temporary or permanent) that may limit or jeopardize participation in active programs? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_  
\_\_\_\_\_

5. Do you or your child/ward have any physical or medical conditions (temporary or permanent) that may put those around you at risk? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_  
\_\_\_\_\_

6. Are you or your child/ward currently taking any medication (prescribed or over-counter)? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, what and for what? \_\_\_\_\_  
\_\_\_\_\_

7. Do you or your child/ward have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_  
\_\_\_\_\_

(over)

**Release of Liability for claims not covered and paid by insurance:** I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I understand that attending Camp Lutherhaven and Shoshone Mountain Retreat may expose me to infectious disease. I affirm that my or my child/ward's health is good, and that I am not or my child/ward is not under a physician's care for any undisclosed condition that may affect my or my child/ward's fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability, or death in physical activities, and understand that each participant assumes the risk of participating in these activities. On behalf of myself and my child/ward, I release Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members from all liability for any injury, infection or condition arising out of my or my child's/ward's participation in any Lutherhaven Ministries activity or program, or arising from my or my child's/ward's use of Lutherhaven Ministries' property, to the extent not covered and paid by insurance.

**Indemnification and Hold Harmless:** In consideration for letting me or my child/ward attend a Lutherhaven Ministries activity and/or use Lutherhaven Ministries premises, I further indemnify and hold harmless Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members against any and all claims or actions arising out of my or my child's/ward's access to Lutherhaven Ministries premises or involvement in any Lutherhaven Ministries activity to the extent that the claim or action is not covered and paid by Lutherhaven Ministries' liability insurance.

**Photo Release:** Lutherhaven Ministries may use, reproduce, assign and/or distribute photographs or videos of myself and my child/ward for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs.

Date: \_\_\_\_\_ Applicant's Signature (If 18 years or older):  
\_\_\_\_\_

Parent's or Guardian's Signature (If participant is under 18 years old):  
\_\_\_\_\_

Parents or Guardian's Printed Name (If participant is under 18 years old):  
\_\_\_\_\_

Participant's Address:  
\_\_\_\_\_

Participant Phone:\_( \_\_\_\_\_ ) \_\_\_\_\_ Email:  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
\_\_\_\_\_

\*Horseback Riding requires additional liability release.



## 2024 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, \_\_\_\_\_ (print name of Parent/Guardian or Adult Participant),

understand that Eluna and Willow Center, Inc. (“**Local Camp**”) desire to use certain audio or visual works in which my child or I might appear (e.g., video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin® as a camper, employee, volunteer or visitor. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I also understand that, as part of my or my child's participation in Camp Erin, I or my child may be exposed to or experience Harm (defined below), including as a result of infection by COVID-19 (also known as SARS-CoV-2 or the coronavirus) (“**COVID 19**”). By this Consent and Release Agreement (“**Consent and Release**”) do hereby grant certain rights to Eluna and Local Camp and release Eluna and Local Camp from certain liabilities, on behalf of myself (if I am a camper, employee, volunteer or visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). This Consent and Release Agreement confirms my child's and my grant of rights and our agreement is as follows:

**1. Grant of Rights.** For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Local Camp, and each of their respective directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”). I understand that this Consent and Release will cover all of my or my child(ren)'s future participation at any Camp Erin activities.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Local Camp all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Local Camp therefor.

**2. Contact.** Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Local Camp. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Local Camp for such purposes, unless I opt out below.

**3. Release.** I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Local Camp, and each of their respective directors, officers, employees and advisors (collectively, the “Released Parties”) from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation, whether intentional or unintentional, of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, “**Harm**”) that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin, including any Harm or infection caused by exposure to COVID-19 that I or my child(ren) may experience by attending Camp Erin activities. Camp Erin, Eluna, and Local Camp **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your child(ren)'s risk of contracting COVID-19. By signing this Consent and Release, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Erin activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Erin activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Camp Erin, Local Camp, and each of their respective directors, officers, employees, agents, volunteers, or program participants and their families. I understand that this waiver will cover all of my or my child(ren)'s future participation at any Camp Erin activities. I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at or participation in Camp Erin activities. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS. If any provision of this Release is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

**4. Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Local Camp herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

**5. Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, Local Camp, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Local Camp and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Local Camp, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Local Camp may, in its sole discretion, assign or transfer some or all of this Consent and Release.

**6. Governing Law.** This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

**7. Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND LOCAL CAMP ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Participant or Parent/Guardian of Participant

Participant(s) is/are:  Youth Camper  Family Member  Volunteer  Visitor  Camp Erin Leadership/Staff Is

Participant an employee of the organization hosting Camp Erin?  Yes  No

**YOUTH PARTICIPANT INFORMATION** (if applicable)

Youth First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ADULT INFORMATION** (only one adult per consent)

Parent/Guardian / Family Member / Volunteer / Visitor / Staff

Adult First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number:  Mobile  Home \_\_\_\_\_

Email: \_\_\_\_\_

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)

**Additional details, use only as directed:**