



Center Ridge Outpost Medical Policy and Release For Volunteers and Staff

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ email _____

INSURANCE INFORMATION: Medicare #: _____ Medicaid #: _____
Name of Primary Insurance: _____ Policy #: _____
Name of Insured: _____ Group #: _____
Name of Family Doctor: _____ Office #: _____
Hospital of Choice: _____

STATEMENT OF RESPONSIBILITY IN LEIU OF INSURANCE

(Sign only if you do not have healthcare insurance.)

I, _____ (name) am providing my signature as evidence and verification of fact that I do not have healthcare insurance and am agreeing to accept all financial responsibility of healthcare services that I may receive that result in charges on my behalf.

Individual or Parent's Initials _____

Medical Care

I hereby grant to the nurse, camp medic or authorized representatives to furnish or arrange for the furnishing of such hospital and medical care as _____ (Name of Camper) might require during such time as he/she is a camper at the Center Ridge Outpost. This medical care shall include, but not be limited to, examinations, treatment, injections, anesthesia, surgery, and other procedures, etc... I understand that I shall be notified as soon as possible. Failure in such efforts shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of said camper.

The nurses, staff and counselors of The Center Ridge Outpost are comprised almost solely of volunteers and/or parents of children diagnosed with autism spectrum disorders. Each is providing their time and services free with no expectation of compensation. Therefore, in the case of an emergency first aid guidelines will be followed and if the need necessitates campers, counselors and/or staff will be transported to the nearest hospital by ambulance or other approved means. Every safety precaution is taken to make each campers camp experience enjoyable and safe.

I, _____ the parent/legal guardian of _____ (camper) understand and agree that my child will receive first aid treatment by camp personnel and if the need necessitates will be transported to an emergency medical facility to receive further treatment. I also

understand that I will be notified promptly if such an event occurs. I release The Center Ridge Outpost nurses, counselors, staff and/or Board of Directors of TEAAM of all legal and/or financial responsibilities of events and/or treatment that might occur during camp that may result in injury to my child.

Parent's Initials _____

Hold Harmless Waiver

For and in consideration of The Center Ridge Outpost receiving the herein named camper in the camp, and in consideration of the same, and any services which might be performed for the camper, the undersigned, as natural guardian of said camper, for and on behalf of the camp or the undersigned individually, hereby releases, acquits, covenants to hold harmless and indemnify The Center Ridge Outpost, TEAAM, its staff and volunteers and all other persons, firms and corporations associated with them, from all claims, damages, actions, and causes of action of whatever nature which may accrue to the said camper or the undersigned, their heirs, executors, administrators, and legal representatives and assigns, arising out of any of the above procedures.

Parent's Initials _____

Zipline Release

Center Ridge Outpost has a zipline as part of its program. Every precaution is made to make and keep this activity safe for all participants. However, due to the nature of the program there are inherent dangers involved in participating in this program. The structure involves heights that exceed 15 ft, moving pulleys, cable travel, the wearing of a safety harnesses and helmets. I understand that this danger is real and understand that by signing this I release Center Ridge Outpost, its staff and volunteers from all responsibility of injury that might occur from participation and make the following choice for my child:
(please initial your choice)

_____ yes, my child may participate in this program.
_____ no, I do not want my child to participate in this program

Laser Tag Release

Center Ridge Outpost has a Laser Tag program as part of its program. Every precaution is made to keep this activity safe for all participants. This program is conducted on a mock battlefield constructed of barrier obstacles. The equipment used is comprised of devices that resemble paintball guns. Each device is equipped with a sensor that detects when another gun connects to it with an invisible laser that is then communicated to a computer. There are no projectiles of any type that are used in this activity. A safety orientation is also a part of this activity. Because this activity utilizes devices that resemble weapons, Center Ridge Outpost must have your permission for your camper to participate.
(please initial your choice)

_____ yes, my child may participate in this program.
_____ no, I do not want my child to participate in this program

Photo Release

The undersigned further grants permission for said camper to be photographed, with such pictures and names to be used in public relations and fund raising efforts to promote programs of TEAAM. Said pictures will not be shared other than for the purposes of promoting TEAAM programs or fulfilling grant obligations. Though names may be shared from time to time, TEAAM's general policy is not to identify participants by name. The Mississippi Council on Developmental Disabilities (MSCDD) often provides TEAAM with grant money. In this case, photos, videos and other image capturing processes are shared with the MSCDD.

Parent's Initials _____

Statement of Exclusion

Failure to agree to the terms previously listed within the Waivers and Releases exempts the applicant from participation in any TEAAM program and said application will be denied.

Witness my hand this the _____ day of _____ 20____.

Signed: _____
(Parent or Guardian)

Witness: _____ Date: _____
(This does not require a notary signature and/or stamp)