

Hope's Crossing Camp

VOLUNTEER WAIVER OF LIABILITY, AUTHORIZATIONS, AND RELEASE FORM

Hope's Crossing Camp, Inc. is a day camp for children with disabilities that include but are not limited to the following; heart disease, muscular dystrophy, cerebral palsy, cancers, auto accidents, and Down syndrome. The purpose is to enrich the lives of each camper by providing life changing experiences that are fun and challenging. The two main tenets of this program are that all children attend free of tuition and that all counselors and staff are volunteers.

The Insurance Company and the Board of Directors request that all volunteers acknowledge and agree to this waiver and a background check.

In consideration of my desire to volunteer for Hope's Crossing Camp, I hereby assume all responsibility for any risk of property damage, or bodily injury, that may be sustained while performing my duties and participating in any and all activities of this day camp program. I have no mental or physical conditions that would impair my ability to perform and participate as expected.

Should I require emergency and medical treatment, Hope's Crossing on site staff nurses and on-call physician will provide the assistance until first responders are available. Therefore, as a volunteer, all resulting medical and transportation bills are your responsibility for insurance reimbursement. I will notify the Camp Directors of any incident, accident, or illness for which follow up care is necessary, even though it may not have been recognized during this camp program.

I authorize the use of my photograph and/or video in connection with this program.

By your signature, you agree to a mandatory background check by providing name, address, social security number, and date of birth. All information regarding this waiver/release will be held in confidence and not used for any other purpose.

I have read the above and do voluntarily provide information and signature that releases Hope's Crossing Camp, Inc., the officers, directors, and other volunteers of any responsibility in these matters.

Parent(s)/Guardian(s) must sign for all volunteers under the age of 18.

PRINT NAME _____ DATE _____

SIGNATURE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

CELL # _____ EMAIL: _____

EMERGENCY CONTACT: _____ Cell #: _____

Relationship to you: _____

Hope's Crossing Camp P.O. Box 4423, Tulsa, OK 74159 918.855.0817
hopescrossingcamp@gmail.com www.hopescrossingcamp.org
501(c)(3) Tax ID 47-1212119