

LIONS OF ILLINOIS FOUNDATION CAMP LIONS



CAMP LIONS CONSENT FORM

Camp Lions of Illinois for Blind and Deaf Youth and Adults (“Camp Lions”) is an overnight camp for people with vision and/or hearing needs. Campers participate in outdoor activities during the day, such as boating, rock climbing, zip lining, swimming, fishing, and team sports, and sleep in rustic cabins with other campers during the night. Camp Lions offers campers a week of outdoor fun and adventure with others of similar abilities. As a condition for participating in Camp Lions, all campers, or their authorized parent or guardian, are required to read and sign the following release.

I, the undersigned and authorized parent or guardian, hereby give permission for my child, _____, to participate in Camp Lions. I understand and agree to the following regarding this program:

1. There is no charge to participate in Camp Lions. All fees and expenses are paid by the Lions of Illinois Foundation (the “Foundation”).
2. I understand the inherent risks associated with my child’s participation in the activities offered at Camp Lions, including but not limited to those associated with outdoor physical activities and the use of equipment and materials related thereto. I hereby give permission for my child to participate in all Camp Lions activities, and I agree to instruct my child to obey all written and oral rules, warnings, instructions and directions given by Camp Lions and its staff.
3. In addition, I understand that the novel coronavirus, including all variants thereof, (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing and have, in many locations, limited the congregation of groups of people. I recognize that Camp Lions is closely monitoring this situation and will put in place, prior to the start of camp, reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, close sleeping quarters and various group activities at Camp Lions, I understand there is an inherent risk that my child may become infected with COVID-19. I hereby acknowledge and assume the risks associated with my child becoming infected with COVID-19 through his/her participation in Camp Lions, and I give my express permission for my child to participate in the program notwithstanding those risks.
4. Except as otherwise detailed by me in the required medical documentation that I have or will provide to Camp Lions, I hereby certify that my child is physically fit and is not suffering from any injury, illness, condition, impairment or disease that would preclude him/her from participating in Camp Lions in a manner that is safe for my child and others. I further certify that I will notify Camp Lions, prior to my child’s arrival at camp, if my child has exhibited symptoms consistent with COVID-19, such as fever, dry cough, tiredness and/or difficulty breathing, in the fourteen (14) days prior to the start of camp, or if my child has been directly exposed to anyone displaying such symptoms and/or having a COVID-19 diagnosis during this fourteen (14) day period.
5. I, on behalf of myself and my child, and our agents, assigns and heirs, fully and unconditionally give permission to the health care provider(s) selected by the Foundation and/or Camp Lions to secure and administer treatment, including hospitalization, for my child as named above, in the event of an emergency or other circumstance likely to have an adverse effect upon the health of my child, and to order or obtain tests and treatment for my child as needed. I agree to pay the costs associated with such tests and treatment

LIONS OF ILLINOIS FOUNDATION CAMP LIONS



and to indemnify and hold harmless the Foundation and Camp Lions for all costs related to such medical care.

6. I, on behalf of myself and my child, and our agents, assigns and heirs, fully and unconditionally give permission to the Foundation and/or Camp Lions to obtain or provide transportation for my child to and from a medical or health care facility, including, but not limited to, transportation of my child by the Camp Director in the event of an emergency or other circumstance likely to have an adverse effect upon the health of my child. I acknowledge that neither the Foundation nor Camp Lions provides any health, disability, or life insurance coverage for its camp participants, including my child, and I am expected and encouraged to have health insurance coverage, at a minimum, for my child before his/her participation at Camp Lions. Neither the Foundation nor Camp Lions assumes any responsibility for reimbursing me, or my child, for any medical expenses or other losses incurred in connection with any injuries suffered by my child while attending Camp Lions, participating in any of the activities at Camp Lions, or otherwise associating with the Foundation even if not at Camp Lions. The completed camp application forms may be photocopied for trips out of the camp.

7. I, on behalf of myself and my child, and our agents, assigns and heirs, fully and unconditionally waive, release and forever discharge and hold harmless the Lions of Illinois Foundation, Lions International, Camp Lions of Illinois for Blind and Deaf Youth and Adults Camp Nageela, Camp Red Leaf, East Bay Camp, Camp Dubois Center and their officers, members, employees, agents, contractors, staff and volunteers, for any and all injuries, illnesses (including but not limited to those related to COVID-19), losses and damages arising out of my child's participation in Camp Lions, including but not limited to all claims, demands, debts, contracts, causes of action, lawsuits, liabilities, damages, judgments, costs and expenses of every kind and nature, whether known or unknown, that may arise from my child's participation in Camp Lions.

I HAVE READ THIS CONSENT FORM AND I UNDERSTAND THAT IT IS A RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING THIS FORM, I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS ON BEHALF OF MYSELF AND MY CHILD, AND I HAVE SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of parent or legal guardian

Date

Printed name

Name of participating child