

# Camp di Rosa: Art + Nature

Participant Registration, Medical Form, & Parental Consent Waiver

*This form must be completed and signed by the camper's parent or legal guardian. For questions, please contact 707.226.5991 x22 or email [education@dirosaart.org](mailto:education@dirosaart.org).*

**Completed applications should be emailed to [education@dirosaart.org](mailto:education@dirosaart.org).**

## Camper Information

Camper name (First, Last): \_\_\_\_\_

Preferred nickname: \_\_\_\_\_

Birthdate (MO/DD/YYYY): \_\_\_\_\_

Grade in coming school year: \_\_\_\_\_

School / District: \_\_\_\_\_

Gender: \_\_\_\_\_

Does your camper have any mobility needs? \_\_\_\_\_

Does your camper have any special needs that di Rosa staff should be aware of or sensitive

to? \_\_\_\_\_

## Parent/Guardian Information

**Parent/Guardian #1** Name (first, last): \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

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

**Parent/Guardian #2** Name (first, last): \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

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

Is there another adult responsible for the camper that di Rosa should have listed as a primary contact?

Name (first, last): \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

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

## Emergency Contact Information

**Primary Emergency Contact Name:** \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

**Backup Emergency Contact Name:** \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

## Insurance Policy Information

Is the camper currently covered by health insurance? Yes No

If yes, please provide the following information:

Health Insurance Provider: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case of an emergency, which hospital would you like your camper taken to? \_\_\_\_\_

## Medical History Information

Does the camper have any of the following? If yes, please describe.

1. Food allergies? \_\_\_\_\_
2. Allergies to insects? \_\_\_\_\_
3. Allergies to grasses or plants? \_\_\_\_\_
4. Asthma? \_\_\_\_\_
5. Medical conditions we should be aware of? If yes, please describe. \_\_\_\_\_
6. Is the camper currently taking any medications? If yes, please list all medications below, and specify how and when they need to be taken during camp. di Rosa does not administer medications; this is the responsibility of your camper. \_\_\_\_\_

## Permission to Treat & Medical Authorization

Please check **one** of the following and sign below.

I, parent or guardian of the child named above, give consent for my child to attend Camp di Rosa: Art + Nature. As parent/guardian, I understand that my child's participation will include regular physical activity, an array of art-making materials, and a great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp, and I accept that consequence. I have advised our family physician that my child wishes to participate in (camp/ clinic name), and our physician has approved of this participation.

I hereby authorize the di Rosa staff or appropriate medical personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with Camp di Rosa: Art + Nature.

**I DO NOT** want any type of medical treatment provided to my child.

Parent/Legal Guardian Signature: \_\_\_\_\_

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

## Camp Pick-Up Authorization Form

Camp di Rosa: Art + Nature must be notified, in writing, if anyone other than a parent/guardian or emergency contact listed during registration will be picking up a child from camp.

The individual must be named on the list below for camp staff to release your child to him/her. Individuals picking up must be able to present picture ID to camp staff.

**Camper Name:** \_\_\_\_\_

**Name of parent or guardian giving permission:** \_\_\_\_\_

I authorize the following responsible adults to pick up my child from camp:

### **Adult 1**

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

Relationship to Camper: \_\_\_\_\_

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

### **Adult 2**

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

Relationship to Camper: \_\_\_\_\_

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

### **Adult 3**

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

Relationship to Camper: \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_

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

## Participant Release and Waiver of Liability Form

This Release and Waiver of Liability, executed on \_\_\_\_ (date) by \_\_\_\_\_ (“Participant”) releases di Rosa Preserve (DBA di Rosa Center for Contemporary Art) and the Rene & Veronica di Rosa Foundation, non-profit corporations organized and existing under the laws of the State of California, and their directors, officers, employees, volunteers, and contractors (“di Rosa”) from any and all liability to Participant relating to participation in Camp di Rosa: Art + Nature (“the Project”).

Participant desires to engage in activities related to the Project, including those that have some risk of injury. Participant understands that he/she/they are responsible for obtaining their own insurance coverage, to they extent they believe it necessary, in the event of personal injury or illness as a result of their participation in the Project.

Participant understands that the Project will include mildly to moderately strenuous outdoor physical activities such as walk, hiking, and archery, and art-making activities with non-toxic art supplies and materials such as paint, scissors, paper, and clay. Participant will daily engage in outdoor group projects that generally requires an ability to stand, walk, move and remain active for sometimes lengthy periods. Participant also understands that di Rosa is located on 217 acres of rural land that includes two separate galleries, a sculpture park, a 35-acre lake, and a wildlife preserve. Participant also understands there are dirt paths and gravel roads, wildlife, insects, and vegetation throughout the property.

1. Waiver and Release: I release and forever discharge and hold harmless di Rosa and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the work in which I am engaged during the Project. I understand and acknowledge that this release discharges di Rosa from any liability or claim that I may have against di Rosa with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in the Project.

2. Insurance: I also understand that di Rosa does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance coverage. I expressly waive any such claim for compensation or liability on the part of di Rosa.

3. Medical Treatment: I hereby release and forever discharge di Rosa from any claim whatsoever for any injury or condition that arises during my participation in the Project or arises thereafter, or relates to any first-aid treatment or other medical services rendered in connection with an emergency during my participation on the Project.

4. Assumption of Risk: I understand that my participation in the Project may include activities that could be hazardous or involve inherently dangerous activities. As a Participant, I expressly assume the risk of injury or harm from these activities and release di Rosa from all liability.

5. Indemnification, Hold Harmless, and Promise Not to Sue. I indemnify, hold harmless, and promise not to sue di Rosa from any and all liabilities or claims that arise or result from or are related to my participation in this activity, whether caused by the negligence of di Rosa or otherwise.

5. Photographic Release: I grant and convey to di Rosa all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by di Rosa in connection with my participation in the Project.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name parent/guardian