



# Okizu Dishie Program Consent Form 2019

I give consent for my child, \_\_\_\_\_, to attend Camp Okizu. I understand that activities in which my child might participate include, but are not limited to, swimming, boating, arts and crafts, group sports, archery, hiking, and ropes course.

Because there is no regularly scheduled transportation, if for any reason it is determined by the Okizu staff that my child must leave before the end of his/her session, I agree to be responsible for his/her transportation from Camp Okizu within 12 hours.

By participating in Okizu's programs, you are authorizing us to use photos or videos of you or your family in our brochures, on our website, or in any other fundraising or public relations material. If you do not wish us to use your images, you need to file a "No Photo Authorization" form with our office. You need to renew this form each year. Please call or email our office to obtain this form.

In an effort to communicate important information, last minute updates, bus schedule changes, and any potential emergency information, we may contact you by text. By participating in Okizu's programs, you are authorizing us to use your cell phone number to send text messages regarding your child's session(s) at Okizu. If you do not want to receive information via text, you need to complete an "Opt Out" form. Please call or email our office to obtain this form.

We are delighted to have the resources to provide bus transportation to and from Camp Okizu. By participating in our bus service you agree to adhere to the Okizu bus policy by being on time for drop off and pick up and making sure that you check in and out with the Okizu representative at your stop.

I give consent for all written material, such as poems or expressions in writing by my child, to be used for publicity purposes by Okizu and participating hospitals.

**Please initial applicable lines:**

\_\_\_\_\_ I consent to my child's participation in all activities at camp.

\_\_\_\_\_ I consent to my child's participation in all activities of the camp except as noted below.

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Parent or Guardian Signature Date

**Authorization to Consent to Treatment of Minor:**

I am the parent/guardian of \_\_\_\_\_, a minor. I authorize Okizu Camp personnel to (i) consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician, dentist, or surgeon; and (ii) obtain a copy of any of my child's health records and to communicate with and receive information from any of my child's health providers about my child's health status or history.

I understand that reasonable measures will be taken to safeguard the health and safety of campers and that I will be notified as soon as possible in case of an emergency. However, in the event of my child's illness or accident, I will not hold Camp Okizu, the Okizu Foundation, or any of its directors, employees, or agents liable for harm to my child. This authorization shall remain effective until revoked in writing.

Please print name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

## **OKIZU VOLUNTEER AGREEMENT**

AS A CAMP VOLUNTEER, I AGREE THAT:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning campers, families, or other staff. I also agree not to seek to obtain confidential information from campers, family, or other staff, including medical staff.
2. My services are donated to Okizu without contemplation of compensation or future employment and given with humanitarian or charitable reasons.
3. I shall be conscientious, courteous, and endeavor to make my work with children and other staff professional in quality.
4. I shall make my best effort to fulfill my commitment to Okizu by completing the camp sessions(s) assigned or to provide adequate notice so that alternate arrangements can be made.
5. I shall at all times uphold the philosophy, standards, code of conduct, and policies of Okizu.
6. It is agreed that I have not been convicted of or charged with any violent or sexual crimes involving children or adults and I agree to be fingerprinted for a data collection of criminal records.
7. It is agreed that I shall not bring pets, alcohol, illegal drugs, or weapons of any kind. I understand that people who bring any of these items will not be allowed at camp.
8. It is agreed that I shall notify the Camp Director if exposed to chicken pox or other contagious diseases within three weeks of any camp program.
9. I understand that Okizu reserves the right to terminate my volunteer status as a result of (a) failure to comply with Okizu policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the Camp Director, would make my continued service as a volunteer contrary to the best interest of Okizu.

I have read each of the above conditions and I agree to be bound by them.

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Volunteer Signature

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Date Signed

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Print Name

**OKIZU RELEASE AND WAIVER OF LIABILITY  
AND ASSUMPTION OF RISK AGREEMENT**

**FOR GOOD AND VALUABLE CONSIDERATION**, including permission to participate in Camp Okizu **Oncology Camp, Siblings Camp, Family Camp, TNT trips, Bereaved Teen Weekends, and all Okizu activities and events** and related activities, I, for myself, my successors, heirs, assigns, executors, and administrators:

1. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses, which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
2. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death and damage to my property, caused by or arising from my participation in this event or activity;
3. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against Camp Okizu, the Okizu Foundation, and any of their directors, officers, employees, and agents attributable to my participation in the event or activity;
4. Release, waive, discharge, and relinquish Camp Okizu, the Okizu Foundation, and any of their directors, officers, employees, and agents from any liability, loss, damage, claim, demand, or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their conduct, omission, or otherwise;
5. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from Camp Okizu or the Okizu Foundation and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
6. Warrant that I am in good health and have no physical condition that would prevent me from participating in this event or activity;

**THIS DOCUMENT RELIEVES CAMP OKIZU, THE OKIZU FOUNDATION, AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT'S NAME IF VOLUNTEER IS UNDER-18:** \_\_\_\_\_

**PARENT'S SIGNATURE IF VOLUNTEER IS UNDER-18:** \_\_\_\_\_

**DATE:** \_\_\_\_\_