



# ACCEPTANCE and RELEASE FORM *(adult)*

**\*\*\* Please complete, sign and return this page to the  
WeHaKee Administrative Office no later than August 15<sup>th</sup> \*\*\***

**PARTICIPANT NAME:** \_\_\_\_\_

***PLEASE INITIAL EACH BOX ACKNOWLEDGING YOUR INFORMED RELEASE:***

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I have read the ***WeHaKee Reunion Weekend Guide*** and understand and agree to abide by all of the policies as they relate to my participation at WeHaKee Reunion Weekend and in all camp programs.

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During my attendance at WeHaKee Reunion Weekend, I am able to engage in all camp activities unless specifically noted on the current WeHaKee Adult Health History form.

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I hereby give permission to the Camp WeHaKee medical personnel to provide medical care in accordance with recommended camp treatment procedures, administer prescription and non-prescription medication, and order routine tests, X-rays and transportation as needed. In the event I am unable to respond appropriately, I agree to be treated at a medical facility as determined necessary by Camp WeHaKee personnel. I agree to the release of my medical records for treatment and insurance purposes.

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I am willing and able to leave the camp facility on camp-sponsored and camp-supervised activities, either by boat, canoe, bike, or by camp owned, leased or contracted vehicle.

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I provide my permission to be photographed at Camp WeHaKee and Camp WeHaKee related events/activities, and that such photographs can be used for promotional purposes by WeHaKee. I understand that participants in photos used in Camp WeHaKee promotional materials will never be identified by name.

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I understand that I may continue to contact or be contacted by other Camp WeHaKee participants and/or Camp WeHaKee staff via email, text messaging, telephone, mail or other means after my session has concluded and I have departed camp. I understand that Camp WeHaKee is not responsible for the content or consequences of these communications including those communications with seasonal staff members who are no longer employed by Camp WeHaKee. I do understand that if I prefer not to share my email addresses, phone numbers, home addresses and other contact information with other campers or staff, it is my responsibility to not to share such information with others while attending Camp WeHaKee program or activities.

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I understand that Camp WeHaKee policy prohibits me from posting photos, video, logos or other images of WeHaKee or its participants on websites, social networking sites or other broadcast electronic means..

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I am the participant listed above. I release Camp WeHaKee from any form of liability as I have given permission to participate. I also understand that Camp WeHaKee, its staff and agents will not be held liable for any loss, including but not limited to injury or death.

I, *(Participant name)* \_\_\_\_\_ agree to be a positive and respectful member of the WeHaKee community throughout my session at Camp WeHaKee for Girls. In addition, I have reviewed the ***WeHaKee Reunion Weekend Guide*** and understand and accept what is expected of me as a member of the WeHaKee Camp community. I specifically understand what behaviors are acceptable and unacceptable at WeHaKee Camp as discussed in the *Expectations at Camp* section of the guide. Additionally, I agree not to post photos, video, logos or other images of Camp WeHaKee or its participants on internet sites or other broadcast electronic means of any kind.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**