



ACCEPTANCE and RELEASE FORM

*** Please complete, sign and return this page to the WeHaKee Administrative Office no later than July 15th ***

PARTICIPANT NAME: _____

PLEASE INITIAL EACH BOX ACKNOWLEDGING YOUR INFORMED RELEASE:

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

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

I hereby give permission to the WeHaKee Camp 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 WeHaKee Camp personnel. I agree to the release of my medical records for treatment and insurance purposes.

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.

I provide my consent for representatives of WeHaKee Camp for Girls to take and maintain images (photos, videos, etc.) of myself while a participant at Camp WeHaKee and Camp WeHaKee related events/activities, and that such images can be used for promotional purposes by Camp WeHaKee including but not limited to brochures, website, promotional videos, social media and other broadcast media as well as other Camp WeHaKee related media.
I understand that images of myself used in Camp WeHaKee promotional materials will never be identified by name.
I also understand that WeHaKee Camp for Girls is not responsible for images of participants participating in WeHaKee activities, events, etc. that may be posted on social media or other broadcast means by others not related to or authorized by WeHaKee Camp for Girls.

I understand that I may continue to contact or be contacted by other WeHaKee Camp participants and/or WeHaKee Camp staff via email, text messaging, social media, telephone, mail or other means after my session has concluded and I have departed camp. I understand that WeHaKee Camp is not responsible for the content or consequences of these communications including those communications with seasonal staff members who are no longer employed by 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 WeHaKee Camp program or activities.

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

I am participant listed above. I release WeHaKee Camp from any form of liability as I have given permission to participate. I also understand that WeHaKee Camp, 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 WeHaKee Camp. In addition, I have reviewed the *Celebration Weekend Guide* and understand, accept and agree to follow the expectation policies of the WeHaKee Camp community.

Signature of Participant

Date