



# 2019 TRANSPLANT CAMPS

[www.campbridges.org](http://www.campbridges.org)

Family Camp - Thursday June 20-Sunday June 23  
For Recipients & their Immediate Families

Teen Camp - Sunday June 23-Thursday June 27  
For Ages 13-18

\*Young Adult Camp for Ages 19-25 Please email [info@campbridges.org](mailto:info@campbridges.org) for An Application\*

Our mission is to provide camps and educational programs at no cost for children, young adults and families living with an organ transplant.

We are proud to have hosted summer camps for hundreds of teens and families since 1994 - we create a fun and educational environment for heart, kidney, liver, and lung transplant recipients that encourages positive self-image and healthy transplant living!

Camp BRIDGES takes place at Children's Harbor Lake Martin/ 1 Our Children's Highway/ Alexander City, AL 35010. These camps are provided at **NO COST** to you and are especially for children, teens & families with organ transplants.

Over the weekend, you will swim, ride boats, make crafts, create adventures, meet new friends, and discover a huge group of folks with similar experiences. Not only will you have a great time, but you will learn a lot about yourself and become a part of a giant Transplant Family. Visit our website [www.campbridges.org](http://www.campbridges.org) & watch our video to learn more.

## What to Bring to Camp:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sleeping bag or 2 sheets                           | <input type="checkbox"/> Long pants (for night wear) | <input type="checkbox"/> Toothbrush                      |
| <input type="checkbox"/> Pillow   | <input type="checkbox"/> Rain poncho/umbrella        | <input type="checkbox"/> Toothpaste                      |
| <input type="checkbox"/> Blanket (or sleeping bag)                          | <input type="checkbox"/> Towels                      | <input type="checkbox"/> Comb/brush                      |
| <input type="checkbox"/> Pajamas  | <input type="checkbox"/> Wash cloths                 | <input type="checkbox"/> Suntan Lotion – At least SPF 15 |
| <input type="checkbox"/> Comfortable shoes other than flip flops (sneakers) | <input type="checkbox"/> Beach towel                 | <input type="checkbox"/> Insect repellent                |
| <input type="checkbox"/> Summer play clothes                                | <input type="checkbox"/> Soap                        | <input type="checkbox"/> Flashlight with batteries       |
| <input type="checkbox"/> Bathing suit                                       | <input type="checkbox"/> Deodorant                   | <input type="checkbox"/> MEDICINE                        |
| <input type="checkbox"/> Sweater or jacket                                  | <input type="checkbox"/> Shampoo                     |  |

## FINAL CHECKLIST BEFORE SUBMITTING APPLICATION:

### Family Camp pages 3-6

- Completed Application
- Sibling Form
- Transplant Recipient Form
- Parent/Guardian Authorization & Waiver Form

### Teen Camp pages 7-11

- Completed Application
- Medical Information Form
- Physician/Nurse Form
- Parent/Guardian Authorization & Waiver Form
- Rules Form

# CAMP INFORMATION

## PLEASE READ CAREFULLY

*(Once Your Application is Reviewed  
You Will Receive a Confirmation Letter)*

**GETTING TO CAMP GOOGLE:**  
**Children's Harbor at Lake Martin:**  
**1 Our Children's Highway**  
**Alexander City, AL 35010**  
(use google maps for directions)

### **FAMILY CAMP INFORMATION:**

**Thursday June 20- Sunday June 23/ Please Fill Out Pages 3-6**

\*Each recipient may attend Family Camp with Two Adult Family Caregivers and Siblings Only\*\*  
(Siblings any age up to 18 -through their graduating summer may attend)

\*For the safety of all campers each person attending camp must be listed on your application and Camp BRIDGES must be informed prior to your arrival of any changes. Person(s) not listed and approved on your application may NOT attend camp at any time and will be asked to leave. No Pets are Allowed on Campus!

\*Family Camp registration will open at 5:00pm on **Thursday, June 20!** Please do not arrive prior to 5:00pm to for allow set up & please eat dinner before you arrive at camp. Once you arrive on campus follow the signs to Harbor Lodge & visit the Camp Office to get your key- we invite you to get settled into your cabin and then spend a relaxed evening with your family or visiting with friends – the pool will be open from 6:30-8:30pm. We know some of you may not be able to arrive until Friday -registration will reopen at 9:00 am Friday morning – please plan to arrive by 12:00 pm for lunch. Camp will close Sunday, June 23 after Breakfast, and Morning Session- we will have grab & go sandwiches for you to take with you on your drive home.

\*See note at bottom for Teens staying through Teen Camp\*

### **TEEN CAMP INFORMATION – Sunday June 23-Thursday June 27/ Please Fill Out Pages 7-11**

\*Teen Camp is for Recipients Ages 13-18

\*Campers will need to have completed the 6th grade & are able to come through the summer of their graduating year.

**\*\*PLEASE PACK MEDICINE FOR 7 DAYS LABELED WITH CAMPERS NAME\*\***

### **TRANSPORTATION:**

\***CAMPERS RIDING BUS:** The bus will **meet you** (for those who do not live close to Alex City) at Children' Hospital out front in the circle on 1600 7<sup>th</sup> Avenue S- old hospital entrance). Please meet the bus at 11:30 am on Sunday June 23rd and be sure to eat lunch before you arrive to meet the bus. The bus will **return** to Children's Hospital on Thursday June 27 by 11:30am. PLEASE HAVE SOMEONE WAITING TO PICK YOU UP HERE AT THE HOSPITAL BY 11:00am ON THURSDAY, JUNE 27th WHEN THE BUS RETURNS!

\***CAMPERS BEING DROPPED AT CAMP:** Please plan to arrive at camp at 1:00pm on Sunday June 23rd and please eat lunch before you arrive. Plan to pick up your Teen on Thursday June 28th at 9:30am. Once you arrive at camp follow the sign to Mariner's Adventure Camp.

### **TEENS STAYING FOR FAMILY CAMP & TEEN CAMP:**

You will have an opportunity to wash clothes & have lunch with your Teen prior to you driving them to the other side of camp to "CHECK IN" at Teen Camp. Please make sure you PACK enough medicine for their entire stay at camp June 20-27.

# 2019 FAMILY CAMP APPLICATION

**RETURN CAMP PAPERWORK:**

MAIL TO:

CAMP BRIDGES

1600 7<sup>th</sup> AVENUE S. ACC 516

BIRMINGHAM, AL 35233

SCAN & EMAIL TO [INFO@CAMPBRIDGES.ORG](mailto:INFO@CAMPBRIDGES.ORG)

FAX TO 205-638-2319

**DEALINE MAY 21st**

Please Print Neatly

**\*\*\*ARRIVAL INFORMATION\*\*\***

OUR FAMILY WILL ARRIVE AT CAMP CHECK ONE : THURSDAY JUNE 20 \_\_\_\_\_ FRIDAY JUNE 21 \_\_\_\_\_

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

Age \_\_\_\_\_ T-shirt Size/Adult or Child \_\_\_\_\_

Type of Transplant \_\_\_\_\_ Date of Transplant \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Family Caregiver Information: **(Two Adult Family Caregivers May Attend per Transplant Recipient)**

Parent/Guardian Name: \_\_\_\_\_

Cell # \_\_\_\_\_ / Tshirt Size \_\_\_\_\_

Second Adult Name: \_\_\_\_\_

Cell # \_\_\_\_\_ / Tshirt Size \_\_\_\_\_

Siblings ONLY **(any age up to 18 or graduating summer)**

Attending Name, Age, of each Sibling Attending:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ / Tshirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ / T shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ / T shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ / T shirt Size \_\_\_\_\_

**Fill out for your child with Transplant**

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any Medicines: \_\_\_\_\_

**Persons to Notify in Case of Emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I UNDESTAND THAT I AM RESPONSIBLE FOR THE SUPERVISIONS OF ALL MINORS AT ALL TIMES DURING FAMILY CAMP AND ARE RESPONSIBLE FOR ADMINISTERING ALL MEDICATIONS – PLEASE SIGN BELOW**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

# Sibling Camper Form

Fill Out Below for Each Sibling Coming to Family Camp

1. NAME \_\_\_\_\_ AGE \_\_\_\_\_ Grade Just Finished in School \_\_\_\_\_

Male \_\_\_ Female \_\_\_ DOB \_\_\_\_\_

Relationship to Transplant Recipient \_\_\_\_\_

Has your child ever been diagnosed or have you identified social/emotional or behavioral issues causing your child to struggle at school, home or with friends?  Yes  No

2. NAME \_\_\_\_\_ AGE \_\_\_\_\_ Grade Just Finished in School \_\_\_\_\_

Male \_\_\_ Female \_\_\_ DOB \_\_\_\_\_

Relationship to Transplant Recipient \_\_\_\_\_

Has your child ever been diagnosed or have you identified social/emotional or behavioral issues causing your child to struggle at school, home or with friends?  Yes  No

3. NAME \_\_\_\_\_ AGE \_\_\_\_\_ Grade Just Finished in School \_\_\_\_\_

Male \_\_\_ Female \_\_\_ DOB \_\_\_\_\_

Relationship to Transplant Recipient \_\_\_\_\_

Has your child ever been diagnosed or have you identified social/emotional or behavioral issues causing your child to struggle at school, home or with friends?  Yes  No

4. NAME \_\_\_\_\_ AGE \_\_\_\_\_ Grade Just Finished in School \_\_\_\_\_

Male \_\_\_ Female \_\_\_ DOB \_\_\_\_\_

Relationship to Transplant Recipient \_\_\_\_\_

Has your child ever been diagnosed or have you identified social/emotional or behavioral issues causing your child to struggle at school, home or with friends?  Yes  N

Parent/ Guardian Authorization: the minor(s) person above have my permission to engage in all camp activities unless noted.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# TRANSPLANT RECIPIENT FORM

## TRANSPLANT PHYSICIAN/COORDINATOR FORM

*This form is to be filled out by your physician or nurse*

Camper's Name: \_\_\_\_\_

Type of Transplant: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ After Hours/Pager: \_\_\_\_\_

Transplant Coordinator Name \_\_\_\_\_

Day Phone: \_\_\_\_\_ After Hours/Pager: \_\_\_\_\_

Allergies: \_\_\_\_\_

In your opinion is this person able to participate in camp?  Yes,  No

Can this person swim in the lake? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can this person swim in the pool? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

This health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities unless noted above:

\_\_\_\_\_  
**TRANSPLANT PHYSICIAN/COORDINATOR SIGNATURE**

FAMILY CAMP JUNE 20-23,2019

AUTHORIZATION, WAIVER & RELEASE OF INFORMATION

**AUTHORIZATION:** This health history is correct and accurately reflects the health status of the Child/Camper for whom it pertains. The Child/Camper described has permission to engage in all prescribed camp activities except as noted by me and/or the examining physician. I understand that the information on this form will be shared on a 'need to know' basis with the appropriate **Camp BRIDGES** staff/volunteers. Initials \_\_\_\_\_

**CONSENT TO EMERGENCY MEDICAL CARE:** I also give permission to those physician(s) and health care providers selected by **CAMP BRIDGES** to provide routine health care, administer prescribed medications and to seek emergency medical treatment including, but not limited to, ordering x-rays, blood tests and/or other routine tests. In the event that the emergency contact person or I cannot be called upon in an emergency, I hereby give permission to those physicians/healthcare providers selected by **CAMP BRIDGES** to hospitalize and secure proper treatment for my child as named on this Camper's Health and Medical Information Form. I also give permission to **CAMP BRIDGES** to arrange necessary related emergency transportation for my child. Initials \_\_\_\_\_

**MEDIA/PUBLIC RELEASE:** During the course of camp, I realize and understand that my I/we or my child/children may be quoted, photographed, filmed, broadcasted, published, and/or recorded. I give authorities of **CAMP BRIDGES** permission to audio, video, and photography of this camper for the purposes of publicity and promotions (i.e. brochure, mailings, highlight promotional videos, and photos for our website) of **CAMP BRIDGES**. I give permission for Camp BRIDGES (its employees, staff, and agents) and outside media representatives to use my child's name, picture, voice, stories, or other information provided to be in newspapers, magazines, television, radio, Internet, or other media sources. I release to Camp BRIDGES all rights to the media information collected. I understand that this is voluntary and neither my child nor I will be paid. Initials \_\_\_\_\_

**WAIVER OF LIABILITY** Furthermore, I/we release, acquit and covenant to hold harmless Children's Harbor, Inc., The Bridges Foundation, University of Alabama at Birmingham, and The Children's Hospital of Alabama, their respective staffs, servants, employees, agents, directors, officers, board members, trustees, volunteers and all persons directly, indirectly, or individually involved with the care of the above named minor child including their heirs, successors or assigns and any and all other persons and entities in privity with them against any and all claims, grounded in any legal theory, including, but not limited to, losses, costs, damages, compensation, medical bills, damages to property, injuries or death resulting to my family or and minor child or minor children as a result of said stay at and/or participation in said camp (including all camp activities) and transportation at camp. This includes any claims which the said minor child might bring against the above named entities and individuals upon said child reaching majority. Initials \_\_\_\_\_

**CAMPER PROPERTY:** Camper is responsible for all of his/her property, and **CAMP BRIDGES** accepts no responsibility for the loss, damage, or theft of Camper's property. Camper will not bring personal sports equipment, pets of any kind or valuables including electronics or personal vehicles to **CAMP BRIDGES**. Nor will s/he be in possession of alcohol, other drugs or weapons. Initials \_\_\_\_\_

**CONTACT INFORMATION:** You agree to advise **CAMP BRIDGES** Personnel where you can be contacted in the event of an emergency. As parent/guardian of Camper, it is your responsibility to provide accurate contact information for you and an emergency contact(s) at all times. Initials \_\_\_\_\_

*I/We have read this entire Agreement, and, fully understanding its terms, covenants and conditions, have voluntarily signed on behalf of myself and I understand that I am responsible for the supervision of my minor children at all times while participating in Camp BRIDGES Family Camp and are responsible for administering all medications.*

I consent for for all minor children list below: \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Print Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2019 TEEN CAMP APPLICATION

**RETURN CAMP PAPERWORK:**

MAIL TO:

CAMP BRIDGES

1600 7<sup>th</sup> AVENUE S. ACC 516

BIRMINGHAM, AL 35233

SCAN &amp; EMAIL TO

[INFO@CAMPBRIDGES.ORG](mailto:INFO@CAMPBRIDGES.ORG)

FAX TO 205-638-2319

**DEALINE MAY 21st****RECIPIENT INFORMATION: Please Print Neatly**

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

First, Middle &amp; Last \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Grade Just Finished \_\_\_\_\_

Type & Date of Transplant:  Kidney  Liver  Heart  Lung Date: \_\_\_\_\_ Sex:  Male  Female**TSHIRT INFORMATION -Circle Adult or Youth & Size for T-shirt**

Adult S, M, L, XL or Other \_\_\_\_\_

Youth S, M, L, XL Other \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION: PLEASE PRINT NEATLY**

Parent Name \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does the Recipient Live with you?  Yes  No**EMERGENCY INFORMATION: Please enclose copy of Insurance & Medicare cards**

Persons to Notify in Case of Emergency: \_\_\_\_\_

Name &amp; Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Alternative #: \_\_\_\_\_

Name &amp; Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

Alternative #: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Insurance: \_\_\_\_\_

**TRANSPORTATION QUESTIONS:**Will this camper be riding the bus from Children's Hospital on Sunday June 23?  Yes  NoWill this camper be riding the bus from camp back to Children's on Thursday June 27?  Yes  NoThis camper will be transport directly to & from camp by parent  Yes  No

REQUIRED : Parent's Cell # \_\_\_\_\_

# MEDICAL INFORMATION FORM

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

MEDICATIONS	DOSAGE	TIMES

Does the Camper need supervision taking medications?       Yes     No

What beverage does the camper take with his/her immunosuppressants: \_\_\_\_\_

**HEALTH HISTORY: (does your child have a history of the following?)**

History of Seizures:       Yes       No      Problems with Breathing:  Yes     No    Describe:  
 Date of Last Seizure:      Learning Disabilities:       Yes       No    Describe:  
 History of Heart Disease:  Yes       No      Behavioral Problems:       Yes       No    Describe:  
 Describe:  
 Urinary Tract Infections:  Yes     No    Date of last      Bone Disease:       Yes       No  
 infection?  
 Sickle Cell Disease:       Yes       No  
 Bowel Control:       Yes     No    Describe:  
 Bladder Control: All times  Yes     No, Daytime  Yes      Nighttime  Yes       No,  
 No,      Comments:  
 In & Out Caths:       Yes     No    If yes please comment on schedule and if the camper performs his/her own  
 caths.  
 Diabetes:       Yes       No    If yes does your child give their own insulin \_\_\_\_ Check their own blood  
 sugar \_\_\_\_

**Diet & Nutrition**

- This camper eats a regular diet.
- This camper eats a regular vegetarian diet.
- This camper has special food needs~ Please Describe:  
 \_\_\_\_\_

**Allergies**

- This camper has NO allergies.
- This camper is **ALLERGIC TO**: \_\_\_\_\_

**Additional Questions:**

1. Has your child ever been diagnosed or have you identified social/emotional or behavioral issues causing your child to struggle at school, home or with friends?  Yes     No

2. Has your child ever been referred to or received Special Education services at school?  Yes     No

*\*if yes to 1 or 2*

- a. what would you describe as your child's personality? \_\_\_\_\_
- b. what would you describe as your child's strengths or weakness? \_\_\_\_\_
- c. do you think your child would need special attention/special accommodations while at camp?

Parent/ Guardian Authorization: this health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities unless noted.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# PHYSICIAN/NURSE FORM

*This form is to be filled out by your physician or nurse. Please attach a copy of last History/Physical.*

Please contact our Camp Nurse Cindy Richards, BSN, RN, CNN, Renal Transplant Coordinator, Children's of Alabama at (205) 638-6794 and return this form to her by fax 205-638-2319 or scan & emailed to: [info@campbridges.org](mailto:info@campbridges.org).

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ After Hours/Pager: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ After Hours/Pager: \_\_\_\_\_

Camper's Allergies: \_\_\_\_\_

Most Recent Vital Signs: \_\_\_\_\_ Ht \_\_\_\_\_ Wt, \_\_\_\_\_ B/P \_\_\_\_\_ Pulse

Dietary Restrictions: \_\_\_\_\_

Most Recent Labwork (Within 1 Month)

\_\_\_\_\_ BUN    \_\_\_\_\_ Cr    \_\_\_\_\_ Na  
\_\_\_\_\_ K+    \_\_\_\_\_ CO<sub>2</sub>    \_\_\_\_\_ Hct  
\_\_\_\_\_ ALT    \_\_\_\_\_ AST    \_\_\_\_\_ PT  
\_\_\_\_\_ PTT    \_\_\_\_\_ CyA    \_\_\_\_\_ Prograft

Date of Last Hospitalization Reason for Admission: \_\_\_\_\_

In your opinion is this person physically able to participate in camp?  Yes  No

Can this person swim in the lake?  Yes  No

Can this person swim in the pool?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Physician/Nurse Signature

\_\_\_\_\_  
Date

# CAMP BRIDGES RULES

As a Camper, you agree to follow camp policy and standards that support the safety of one self and all those in attendance, including the staff, volunteers, counselors, guests, representatives, and other campers. Below is a list of behaviors that are unacceptable and not tolerated at Camp BRIDGES. By checking each item and signing below, you give indication that you understand and will help uphold the best of behavior at camp. Please check and sign.

- Cooperate with and obey all leaders' instructions
  - Attend the meetings and participate in all activities
  - No bullying, teasing, name calling, etc.
  - No guys in girls' rooms and no girls in the guy's room
  - No smoking or dipping
  - No possession or use of alcohol or illegal drugs
  - No fireworks, no weapons or ammunition of any kind
  - No borrowing things without permission
  - Cell Phones will be taken up & given out at dinner each night
  - No breaking curfew or disturbing the peace
  - Clean-up rooms each night; always unplug curling irons, rollers, etc
  - No swimming or water activities outside of scheduled times-
- LIFEGUARDS MUST BE PRESENT**
- No leaving designated camp areas or camp activities – get a counselor!
  - “WHEN IN DOUBT ..... DON’T”
  - No one in kitchen without supervision
  - Each camper is responsible for his/her own stuff
  - No leaving camp without staff supervision.
  - I have read the camp rules and will obey Camp BRIDGES Rules!

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Camper Signature

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Parent's Signature

# TEEN CAMP JUNE 23-27,2019

## AUTHORIZATION, WAIVER & RELEASE OF INFORMATION

**AUTHORIZATION:** This health history is correct and accurately reflects the health status of the Child/Camper for whom it pertains. The Child/Camper described has permission to engage in all prescribed camp activities except as noted by me and/or the examining physician. I understand that the information on this form will be shared on a 'need to know' basis with the appropriate **CAMP BRIDGES** staff/volunteers. Initials \_\_\_\_\_

**CONSENT TO EMERGENCY MEDICAL CARE:** I also give permission to those physician(s) and health care providers selected by **CAMP BRIDGES** to provide routine health care, administer prescribed medications and to seek emergency medical treatment including, but not limited to, ordering x-rays, blood tests and/or other routine tests. In the event that the emergency contact person or I cannot be called upon in an emergency, I hereby give permission to those physicians/healthcare providers selected by **CAMP BRIDGES** to hospitalize and secure proper treatment for my child as named on this Camper's Health and Medical Information Form. I also give permission to **CAMP BRIDGES** to arrange necessary related emergency transportation for my child. Initials \_\_\_\_\_

**MEDIA/PUBLIC RELEASE:** During the course of camp, I realize and understand that my I/we or my child/children may be quoted, photographed, filmed, broadcasted, published, and/or recorded. I give authorities of **CAMP BRIDGES** permission to audio, video, and photography of this camper for the purposes of publicity and promotions (i.e. brochure, mailings, highlight promotional videos, and photos for our website) of **CAMP BRIDGES**. I give permission for Camp BRIDGES (its employees, staff, and agents) and outside media representatives to use my child's name, picture, voice, stories, or other information provided to be in newspapers, magazines, television, radio, Internet, or other media sources. I release to Camp BRIDGES all rights to the media information collected. I understand that this is voluntary and neither my child nor I will be paid. Initials \_\_\_\_\_

**WAIVER OF LIABILITY** Furthermore, I/we release, acquit and covenant to hold harmless Children's Harbor, Inc., The Bridges Foundation, University of Alabama at Birmingham, and The Children's Hospital of Alabama, their respective staffs, servants, employees, agents, directors, officers, board members, trustees, volunteers and all persons directly, indirectly, or individually involved with the care of the above named minor child including their heirs, successors or assigns and any and all other persons and entities in privity with them against any and all claims, grounded in any legal theory, including, but not limited to, losses, costs, damages, compensation, medical bills, damages to property, injuries or death resulting to my family or and minor child or minor children as a result of said stay at and/or participation in said camp (including all camp activities) and transportation at camp. This includes any claims which the said minor child might bring against the above named entities and individuals upon said child reaching majority. Initials \_\_\_\_\_

**CAMPER PROPERTY:** Camper is responsible for all of his/her property, and **CAMP BRIDGES** accepts no responsibility for the loss, damage, or theft of Camper's property. Camper will not bring personal sports equipment, pets of any kind or valuables including electronics or personal vehicles to **CAMP BRIDGES**. Nor will s/he be in possession of alcohol, other drugs or weapons. Initials \_\_\_\_\_

**CONTACT INFORMATION:** You agree to advise **CAMP BRIDGES** Personnel where you can be contacted in the event of an emergency. As parent/guardian of Camper, it is your responsibility to provide accurate contact information for you and an emergency contact(s) at all times. Initials \_\_\_\_\_

I/We have read this entire Agreement, and, fully understanding its terms, covenants and conditions, have voluntarily signed on behalf of myself:

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

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

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