

Camp Albrecht Acres · 2024 Camp Application · Part 2
CONSENT OF PARENT/LEGAL GUARDIAN

_____ **(Initial)** I hereby give my permission for my child/adult/self (NAME _____) to attend Camp Albrecht Acres of the Midwest, 14837 Sherill Road, Sherrill, IA 52073. I also understand that a camper's medical and/or behavioral instability, as determined by the camp's personnel and administration, may result in the camp's inability to serve the camper and may result in the camper being sent home. I hereby agree not to send the camper to camp if he/she has been exposed to a contagious or communicable disease within two weeks of the date they are to attend camp, and I will give notification to the camp regarding the condition immediately. This completed form may be copied for trips out of camp.

_____ **(Initial)** I hereby give medical personnel at Camp Albrecht Acres of the Midwest permission to dispense medication, both prescription and non-prescription, to my camper. I hereby give my permission to the medical personnel or dental personnel selected by Camp Albrecht Acres of the Midwest to order X-Rays, testing, treatments, hospitalization if necessary, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to services. I understand every attempt to contact me or my designee in the event of illness or emergency will be made by Camp personnel. I acknowledge receipt of the Health Insurance Portability and Accountability Act (HIPAA) form from Camp Albrecht Acres of the Midwest.

_____ **(Initial)** I hereby release Camp Albrecht Acres of the Midwest, its Board, employees, staff and volunteers from any liability for personal injury, property damage, or death resulting from my/my campers attendance at Camp Albrecht Acres of the Midwest, in both its natural and manmade facilities and grounds. I further assume full responsibility for any personal injury of any description sustained during said camper's voluntary participation in camp activities. I will not hold Camp Albrecht Acres of the Midwest responsible for any damage to or loss of said camper's personal property. I further understand that Camp Albrecht Acres of the Midwest strives to safeguard the health and safety of all campers and precautions are taken to ensure their health, safety and well-being. I hereby give permission to transport camper to activities held outside of campgrounds.

_____ **(Initial)** I recognize that Camp Albrecht Acres of the Midwest is closely monitoring the pandemic and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19, However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by attending Camp. I hereby acknowledge and assume the risk of becoming infected with COVID-19.

_____ **(Initial)** According to Iowa Administrative Code 441 79.9(4): Recipients must be informed before the service is provided that the recipient will be responsible for the bill if a non-covered service is provided.

_____ **(Initial)** I hereby give consent for Camp Albrecht Acres of the Midwest to use photographs of me/my camper for the promotion of camp.

_____ **(Initial)** I hereby state that the information I have already and continue to provide to Camp Albrecht Acres of the Midwest in the form of any part of the camper application, campership financial aid application, and any additional application materials has been filled out accurately and completely to the best of my ability. I understand that the information I have provided enables Camp staff to place myself/my camper with adequate staff members and as a participant of certain activities; if the information I provided proves inaccurate it is the right of Camp Albrecht Acres staff members to deny myself/my camper the right to participate and/or attend.

***All lines must be initialed before admittance to camp**
(must be signed before admittance to camp)

SIGNATURE OF LEGAL GUARDIAN _____ DATE: _____

PRINTED NAME OF LEGAL GUARDIAN _____