



**Children's Bereavement Camp
May 18-29, 2019**

Informed Consent, Release and Indemnification Agreement

Please review and initial the attached agreements. Completion of all documents is required for camper's participation in the Children's Bereavement Camp.

Initial

I, hereby give permission for my child to attend the Children's Bereavement Camp on May 18-19, 2019. I understand that the camp's goal is to help facilitate the bereavement process of my child and to provide support for him/her in understanding and expressing feelings of grief.

I give permission for my child to be photographed. I irrevocably give, grant and convey to Talbot Hospice the absolute right and unrestricted permission to copyright and/or use and/or publish my child's name, image or likeness on videotape and photographs taken of him/her while participating with the Children's Bereavement Camp. I understand that these photographs will remain in the property of Talbot Hospice and they may be used for promotional and/or educational purposes.

The information that I give about my family and my child/children will be honored by Camp staff/volunteers and is strictly confidential except in the following circumstances:

1. Threats to harm to self or others.
2. Physical, mental, sexual abuse and neglect.
3. If there is a concern about drug or alcohol abuse, Talbot Hospice reserves the right to inform parents.

I give permission to Camp staff to share the information in this application with the volunteer(s) and group facilitator(s) who will be involved with my child, as needed.

The health and bereavement histories in this application are correct, and the child herein described has my permission to participate in all camp activities except as noted. If he/she appears to be ill and contagious, I will not send him/her to camp.

I agree to release, indemnify and hold harmless Talbot Hospice, its employees and volunteers for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which my child now has or may have against Talbot Hospice, for all personal injuries, either physical or emotional, known or unknown, and injury to person or property during his or her attendance at Camp, including, but not limited to, injury caused by or arising from Talbot Hospice.

I, the undersigned, have read and understand the AGREEMENT and its terms:

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____

Printed Name of Camper: _____