

El Tesoro Individual Use Agreement



Name of Participant _____

Date of Birth _____

As a participant in the following event to be held at Camp El Tesoro: _____
on _____, I agree to hold harmless and indemnify Camp El Tesoro, Camp Fire First Texas, its board and staff, and any authorized representative thereof, for any and all liability incurred for personal injury to me, my family and minor guests, or property damage resulting from use of Camp El Tesoro facilities and equipment. I also understand that I, my family and minor guests are responsible for abiding and will abide by the rules, regulations, policies and guidelines for the use of Camp El Tesoro and any programs/activities held there, which have been provided.

I give permission for my child/children, and/or me and minor guests to be photographed and/or videotaped by Camp Fire and other organizations or individuals approved and/or accompanied by the Director or designee for purposes of advertising, public relations and family enrichment. I agree that any photographs, statements or video becomes the exclusive property of Camp Fire First Texas and I waive all rights for me, my family and minor guests thereto. I waive all rights to inspect and/or approve any published matter that may be used in conjunction with the content and the use to which it may be applied.

By signing this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19/MIS-C (“Waiver”), I, for myself, and on behalf of my child(ren), acknowledge the contagious nature of COVID-19 or MIS-C and voluntarily assume the risk that by my child(ren) attending the Program(s), I and/or my child(ren) may be exposed to and infected by COVID-19 or MIS-C, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 or MIS-C at the Program(s) offered by Camp Fire may result from the actions, omissions, negligence, or gross negligence of me, my child(ren) and others, including, but not limited to, Camp Fire employees, volunteers, and the Program(s) participants and their families.

Check one: _____ On behalf of myself
 _____ as the Parent/Legally Authorized Representative of the minor child named above

Signature of Participant
(If Participant is 18 or older)

Date of Signature

Signature of Parent or Legally Authorized Representative
(If Participant is under 18 years of age)

Date of Signature

Address

City / State / Zip

Phone

Email

NOTE TO SPONSORING GROUP: This form MUST be signed by all participants (youth or adults) in attendance at the event noted above. No one will be allowed to remain at the event held at Camp El Tesoro if this agreement is not signed.

Please return your Individual Use Agreement to:
Camp Fire First Texas, Attn: Retreats and Rentals , 2700 Meacham Blvd., Fort Worth, TX 76137
Questions? Phone 817-831-2111 Fax 817-831-5070 Retreats@CampFireFW.org

Updated 5.19.2021

RELEASE OF LIABILITY FOR CHALLENGE COURSE ACTIVITIES



Any person participating in Challenge Course activities **must** have a Release of Liability Form signed by an adult.

Name of Participant

Date of Birth

Participating in any physical activity may be dangerous. Because of the inherent dangers of participation in such activities, it is extremely important that directions of the facilitator/instructor be followed. So that a facilitator/instructor may be properly informed, the following questions must be fully disclosed. Please put "n/a" if not applicable:

The following physical condition(s) might affect the participation:

The participant listed above has my permission to participate in the Camp El Tesoro Challenge Course. I understand that part of the Camp El Tesoro Challenge Course program and/or activities may be physically or emotionally demanding. I affirm that the participant's health is good, and that he/she/I is/are not under a physician's care for any undisclosed condition that bears upon his/her/my fitness to participate in Challenge Course activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities.

As the parent/legally authorized representative of the above named camper – or for myself (if 18 or older and participating in the challenge course programs and/or activities), I am by this document representing that I have the authority to consent to all medical/surgical care and treatment of my child or myself. I hereby give my authorization and consent for staff members from Camp Fire and/or Camp El Tesoro to consent to the medical/surgical care and treatment of my child or me at my expense, including taking my child or me to an emergency room. It is my intent that this authorization shall apply to immunizations, as well as all other medical/surgical care and treatment and that this authorization be in effect while my child/I is/are participating in the Camp El Tesoro Challenge Course program/activities.

I understand that by signing this, I hereby release Camp El Tesoro, Camp Fire First Texas, its officers, board members, employees, agents, and all individuals assisting in the instruction and conduct of the Challenge Course program/activities from any and all liability. I have carefully read this Release of Liability and fully understand this document. A faxed copy of this consent shall be as valid as the original.

IMPORTANT NOTE about participant restrictions:

- Participants must be at least 8 years old
- Participants may not weigh more than 250 lbs

Check one: _____ On behalf of myself
 _____ as the Parent/Legally Authorized Representative of the minor child named above

Signature of Participant
(If Participant is 18 or older)

Date of signature

Signature of Parent or Legally Authorized Representative
(If Participant is under 18 years of age)

Date of signature

Address

City / State / Zip

Phone

Email

Please return Release of Liability to:
Camp Fire First Texas Attn: Retreats & Rentals 2700 Meacham Blvd Fort Worth, TX 76137
Questions? 817.831.2111 Fax 817.831-5070 Rentals@CampFireFW.org

Camp Remember Me Medical Form

Full Legal Name: _____

Date of Birth: _____ Gender: Female _____ Male: _____

Home Address: _____

Medical Information:

Do you have any major or minor medical/mental health conditions(s) of which we need to be aware (ex: diabetes, ADD, anxiety, high blood pressure, asthma, etc.)? _____ Yes _____ No

Please specify: _____

Please list all current medications being taken:

Allergies to Medication: _____

Allergies (Other): _____

Food Restrictions (Vegetarian, etc.): _____

Please note all conditions for which the individual named above is currently receiving treatment:

Note any other significant medical information: _____

Please explain and provide guidance on any accommodations The WARM Place staff and your co-counselors might make to ensure a positive experience for you at Camp Remember Me.

