



Kiwanis

Camp Casey

Volunteer Release, Acknowledgement, and Agreement Form

- I am aware that I will be participating in a week-long summer camp at Camp Casey on Whidbey Island sponsored by the North Central Kiwanis Club.
 - I am aware that certain dangers may be present during the camp experience, including but not limited to, the hazards of traveling on freeways and roads, accidents or illness in areas that lack complete medical facilities and the forces of nature.
 - I am of adult age, and I hereby assume all the risks mentioned above and will hold the members of North Central Kiwanis Club, their agents, and other volunteers helping with Camp Casey harmless from liability, actions, claims or demands of any kind which may arise from or in connection with my participation in any of the activities arranged for me by the North Central Kiwanis Club or its agents.
 - I understand that I must have a Washington State Patrol background check before attending camp.
 - I acknowledge that unless they are unsatisfactory, I will not be informed of the results.
 - I also give permission for photographs of myself to be taken and used for publicity purposes by the North Central Kiwanis Club or the news media.
 - Should I not be conscious/of sound mind immediately for consultation, I authorize available paramedics, nurses and/or physicians to render medical assistance or treatment necessary for my welfare, to the extent that said paramedics, nurses and/or physicians are trained.
 - Pursuant to requirements of RCW 43.43.834 Washington state rules, Kiwanis Camp Casey must ask all volunteers to complete the following disclosure statement.
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- **If under the age of 18, signature of adult legal guardian is required. As the parent or legal guardian, I give permission for the applicant to participate as a volunteer at Kiwanis Camp Casey and if necessary, under the conditions stated above, for NC Kiwanis Camp Casey staff to render medical assistance.**