

VOLUNTEER/COUNSELOR RELEASE 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.

Full Legal Name _____ Date of Birth _____
Last First Middle

Signature _____ Date _____

If under the age of 18, signature of adult legal guardian is required.

As the parent or legal guardian, I give permission for: _____, 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.

Signature of legal guardian: _____ Date: _____

Phone Number: _____ Cell: _____

Full legal Name of volunteer (printed) _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip _____ Email: _____

Phone(s) _____

Emergency Contact Name and relationship (Not listed above); _____

Phone(s) _____

Medical Conditions, any medications and/or allergies camp nurse or emergency personnel should be made aware of:

Mail the completed releases form to: Kiwanis Camp Casey Volunteer Coordinator: Debbie Purser, 520 3rd Ave N. Edmonds, WA 98920 Release form must be received prior to beginning volunteer work at camp. A background check must be completed for all volunteers. In addition, applications for adult volunteers and nurses need to be completed on line. THANK YOU!