

AANR-East Youth Leadership Camps

Release of Liability & Medical Consent FOR CURRENT APPLICATION AND/OR INFORMATION EMAIL MARY (WILLIAMSON) FLECK AT YOUTHCAMP@AANR-EAST.COM

Attendee's Name _____ Date of Birth ____ - ____ - ____ Age ____
Parent's Name _____ Email Address _____
Home Address _____ City, State, Zip _____
Home Phone _____ Work _____ Cell _____
Home Club _____ Region _____ AANR P Number _____

I/we do hereby give permission for my/our child to attend and participate in the **AANR-East Youth Leadership Camps**, in July and at an AANR-East Club. I/we give permission for my/our child to participate in all activities that are scheduled for the entirety of the AANR-East Camp or any activity in which the directors of the camp coordinate for the camp. I/we also understand that AANR, the camp directors, host region, and the host club will not be held liable for (1) any accidents traveling to and from (air and/or ground) camp or, (2) injuries that may occur during activities. I/we allow my/our child to be transported in a vehicle to and from off-site field trips driven by adult camp staff.

_____ **(Initial)**

OPTIONAL: As parent(s)/guardian of this minor child, **I/we do** _____ **(Initial)** **do not** _____ **(Initial)** give the American Association for Nude Recreation and/or the host region and club the absolute right and permission to use my/our child's photograph in AANR/AANR-EAST promotional materials and publicity efforts. I/we understand that the photographs may be used in publication, print ad, direct-mail piece, electronic media, and other forms of promotion. I/we release the Association, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I/we may have in connection with such use. _____ **(Initial)**

I/we have read the Code of Conduct and agree to abide by these rules. I/we understand that if my/our child violates the Code of Conduct, the Camp Director and the adult staff will restrict further participation in activities. _____ **(Initial)**

I agree to pick up my child or give permission to _____ to pick up my child at the designated time, unless other arrangements have been made and approved by the Camp Director. _____ **(Initial)**

In case of emergency, notify:

Name _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Medical Insurance Co. _____ Policy # _____

Basic information needed by any medical practitioner not having immediate access to my child's medical history:

Allergies _____

Date of last tetanus shot _____

Physical impairments, if any _____

Current medication - if any, please attach list and diagnosis for each

Diet Restrictions _____

I am/we are using the reverse side to detail other pertinent facts regarding the health and physical condition of my/our child. In addition, I am/we are indicating information on the reverse side that the Camp Director should know about my/our child. _____ **(Initial)**

I/we give consent, that in the event I/we cannot be reached in an emergency, a licensed physician or other licensed health care provider may provide medical treatment necessary for the health and safety of my/our child. The Camp Director may delegate any first aid treatment necessary for the health and safety of my/our child. _____ **(Initial)**

I/we agree that I/we have read and initialed all of the statements above and said statements are correct and true and made by me/us on this _____ day of _____, 20_____.

Signed _____ Witness _____