



LAKE METROPARKS

Camp rules/behavior agreement

Lake Metroparks camps use assertive discipline techniques that are used to strengthen good behavior by the use of positive reinforcement such as verbal praise, smiles, awards, etc. Subsequently, inappropriate behaviors are subject to the below listed consequences. This helps to ensure that all campers and camp counselors have a positive, rewarding summer! Please read the rules below with your child. By signing the Camp Rules/Behavior Agreement section on the Lake Metroparks Day Camp Authorization Form, you and your child are agreeing to follow the rules and understand the consequences if you don't.

CAMP RULES

1. Treat counselors, volunteers and other campers with respect.
No name-calling or foul language.
2. Follow counselors' instructions.
3. Any electronic device brought to camp is the *campers'* responsibility.
Electronic devices may be used only during extended hours.
4. Pop may not be purchased from the vending machine unless purchased by the parent/guardian at drop off or pick up.
5. Do not bring candy to camp, unless it is part of your lunch.
6. Stay with the group.
7. Respect nature and animals.
8. If you're not sure (about anything), ask first.
9. Have fun! (no whining, moaning or groaning)

CONSEQUENCES

1. Verbal warning
2. Supervised time-out away from the group
3. Parents/guardian notified of inappropriate behavior
4. Dismissal from camp

COMMUNICATION

As necessary, communication between Lake Metroparks and parent/guardian will be via email. Please check your email daily. If you have any questions about these rules, please ask a counselor. We will do our best to fairly enforce them.



LAKE METROPARKS

Day camp authorization form

Camper's name Birth date Male/female

Address Phone Date of last physical

Name of parent/guardian 1 Daytime phone Other phone Email

Name of parent/guardian 2 Daytime phone Other phone Email

Name of relative or childcare provider Phone

Address Relationship

Medical Insurance: Company Contract number

Health Information

Current medication (please explain how often and for what reason):

Has your child been stung by a bee, wasp, etc? YES NO More than once? YES NO What was your child's reaction? _____

Are there any recent operations, physical handicaps or any other conditions the programmer should be aware of? YES NO

Explain: _____

List all known allergies: _____

Last tetanus toxoid immunization: _____

Are there any special needs or learning disabilities? YES NO Explain: _____

Your child should arrive at camp with sunscreen already applied. It is not the liability of Lake Metroparks if your child receives sunburn while participating in camp. Lake Metroparks will not apply additional sunscreen throughout the day.

Authorization for Pick-up

In the event that I cannot drop off or pick up my child for camp, I authorize the following person to do so (please advise these individuals that a photo ID will be required before Lake Metroparks staff will release your child):

Name Relationship Phone

Name Relationship Phone

X
Signature of parent/guardian Date

Media Release

I give my permission for Lake Metroparks to use photographs or similar media of my child for purposes of publicity and/or publications solely to promote Lake Metroparks and its programs.

X
Signature of parent/guardian Date

Camp Rules/Behavior Agreement

I, on behalf of myself and my minor child, agree to follow the rules of Lake Metroparks and its staff during my minor child's participation in Lake Metroparks camps. I understand that any child exhibiting behavior that may cause harm to themselves, other campers or camp staff will be asked to leave the program without a refund. These behaviors include, but are not limited to, hitting, kicking, biting, sexual harassment and/or possessing weapons or illegal substances.

X
Signature of parent/guardian Date

Camp Waiver

The undersigned, our administrators, executors, successors and assigns do hereby forever release and discharge the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any and all liability which may arise from the participation in a camp at Lake Metroparks. It is further understood and agreed that the Lake Metroparks, its agents, employees, board of directors, officers and administrators have made no representations other than the definition of Lake Metroparks camp activities. It is further understood that the undersigned, our administrators, executors, successors and assigns shall save harmless the Lake Metroparks from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks as a result of Lake Metroparks camp activities by the undersigned. It is further agreed that, the undersigned, on behalf of the minor child and/or children, shall hold harmless the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks, its agents, employees, board of directors, officers and administrators as a result of participating in said Lake Metroparks camp by the undersigned or their minor children.

X

Signature of parent/guardian Date

Part one OR Part two must be completed:

Part one (to grant consent)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor Phone

Dentist Phone

Medical specialist Phone

Local hospital Phone

In the event reasonable attempts to contact me at above phone number or the other guardians at the above phone number have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors or above named preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the above preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

X

Signature of parent/guardian Date

Part two (refusal of consent) DO NOT complete Part two if you have completed Part one

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Lake Metroparks authorities to take no action or to:

X

Signature of parent/guardian Date



Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Lake Metroparks has put in place preventative measures to reduce the spread of COVID-19; however, Lake Metroparks cannot guarantee that you will not become infected with COVID-19. Further, participation in any activity could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING AND INITIAL EACH PARAGRAPH.

- ____ **INITIALS** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; 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 on Lake Metroparks property may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Lake Metroparks employees, volunteers, and program participants and their families.
- ____ **INITIALS** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in any activity. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Lake Metroparks, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Lake Metroparks, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any activity.
- ____ **INITIALS** I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition that could interfere with my safety in this activity, or else I am willing to assume—and bear the costs of—all risks that may be created, directly or indirectly, by any such condition.
- ____ **INITIALS** In the event that I file a lawsuit, I agree to do so in the State of Ohio, and I further agree that the substantive law of this state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- ____ **INITIALS** By signing this document, I agree that if I am exposed to or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.
- ____ **INITIALS** I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.
- ____ **INITIALS** If I have signed a separate general waiver of liability connected to my participation in Lake Metroparks activities, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.
- ____ **INITIALS** I agree that I will practice safe physical distancing and clean hygiene during my participation in Lake Metroparks activities, and agree to abide by current and future or amended guidelines as published by the State of Ohio.

Signature: _____ Date: _____

Name (printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants younger than 18)

In consideration of _____ (PRINT minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Lake Metroparks from any claims alleging negligence that are brought by or on behalf of minor or are in any way connected with such participation by minor.

Signature: _____ Date: _____

Name (printed): _____



Required Daily Health Screening Questions for Day Camp Participants

To be administered daily by parent/guardian before drop off

Is the child experiencing the following symptoms? YES NO

Cough

Shortness of breath or difficulty breathing

Fever

Chills

Muscle pain

Sore throat

New loss of taste or smell

Has the child been in contact with someone known or presumed to have COVID-19 within the past 14 days? YES NO

Does the child have a temperature greater than 100 degrees? YES NO

If you answered YES to any of the above questions we ask that your child stay home today and return once all symptoms have cleared.

Thank you!

Child's name: _____

Parent/guardian signature: _____ Date: _____