

# VOLUNTEER RELEASE FORM 2012

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I \_\_\_\_\_ am aware that I will be participating in a 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. This authorization is effective beginning July 28 and extending to August 4, 2012.

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 \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

Emergency Contact Name (Not listed above) \_\_\_\_\_ Phone(s) \_\_\_\_\_

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

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_

Mail the completed releases form to: Kiwanis Camp Casey Volunteer Coordinator: Debbie Purser, 14915-102<sup>nd</sup> AVE. NE, Bothell, WA 98011 or email to: [volunteers@campcasey.org](mailto:volunteers@campcasey.org) Release form must be received prior to beginning volunteer work at camp. In addition, applications for adult volunteers need to be completed on line. THANK YOU!