



Camper Application

Name of Camper: _____

Nickname (to appear on badge): _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Full Name: _____ Relationship: _____

Email Address: _____ Phone Number: _____

Camper D.O.B. (mm/dd/yy): _____ Age: _____ Gender: _____

School: _____ Grade: _____ Guidance Counselor: _____

Camper's T-shirt size: Youth: ☐ Small ☐ Medium ☐ Large

Adult: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Does your child/teen take any medications? ☐ Yes ☐ No

Allergies: ☐ None ☐ Food ☐ Environmental ☐ Medication

List allergies: _____

What medication does your child/teen take? _____ ☐ None

Has your child/teen previously attended Trustbridge counseling, camps, or groups? _____

Has your child/teen said or done anything recently that concerns you? ☐ Yes ☐ No

If yes, please explain: _____

Photo

Please attach a small photo of your child/teen to this form or email a current photo of your child/teen to bereavementevents@trustbridge.com.

**Applications will not be considered complete until a picture is submitted.*



Permissions and Releases

(Initial on all lines)

Medications/First Aid

_____ I give permission to the Family Camp nurse to administer prescription medications and first aid to my child/teen. I also give my permission to Family Camp to take my child/teen to the nearest hospital in the event of an emergency. I also give my permission to Family Camp to call 911 in the event of an emergency.

Liability statement

_____ In consideration for allowing my child/teen to participate at Family Camp, I, for myself and child/teen, release and forever discharge Trustbridge, Inc. and its subsidiaries Hospice of Palm Beach County, Hospice by the Sea, and Hospice of Broward County, its directors, officers, employees, volunteers and agents of all liabilities, claims, actions, damages, costs or expenses which I or my child/teen may have against them arising out of or in any way connected with my participation or my child/teen's participation in this program, including travel to or from the program and including injuries which may be suffered by my child/teen before, during, or after the program.

Authorization to photograph/interview /tape (optional)

_____ I hereby give my permission for my child/teen's photo and/or name to be utilized and released for educational, public relations/media purposes, presentations, camp video or brochures.

COVID-19 Precautions

_____ I understand that my child/teen will be expected to abide by all CDC guidelines while attending camp.

I have read and understood all of the above information and authorize my child/teen to participate in Trustbridge's 2022 Family Camp, a program of Trustbridge, Inc.

Camper Name (Printed): _____

Signature of Camper: _____ Date: _____

Parent/Guardian Name (Printed): _____

Signature of Parent/Guardian: _____ Date: _____

☐ I attest that I am this child/teen's parent or legal guardian

COVID-19 Liability Waiver and Assumption of Risk

Participant Name: _____

In consideration of being allowed to participate in activities and/or programs hosted by Trustbridge, Inc., the below signed participant/legal representative, agrees as follows:

1: I am aware that the novel coronavirus ("COVID-19") is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact.

2: I am familiar with the Center for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, which are located at <https://www.coronavirus.gov> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. I accept full responsibility for familiarizing myself with the most recent updates.

3: In addition to the CDC guidelines, I agree to abide by any and all policies or postings published to the general public and/or Trustbridge, Inc. I understand that failure to comply may result in not being able to participate in the activity and/or program.

4: By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, 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 may result from the actions, omissions, or negligence of myself and others.

5: I agree that, in the event that I suspect I become exposed to or infected by COVID-19 and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services and testing services.

6: I hereby release and hold harmless Trustbridge, Inc., their employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense EVEN IF ARISING FROM NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING BELOW I MAY BE WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

Participant Signature _____ Date: _____

OR

Legal Representative Signature: _____ Date: _____

Trustbridge Bereavement Informed Consent

CONSENT FOR SERVICES: I hereby voluntarily consent to Trustbridge Bereavement Center to provide bereavement grief support services, including (but are not necessarily limited to) individual support, group support, virtual sessions, or education by employees or authorized agents of Trustbridge, Inc.

CONFIDENTIALITY/PATIENT RIGHTS: I understand that Trustbridge Bereavement Center clinicians maintain confidentiality of client information in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable, Federal, State and other regulations. I understand that if I choose to participate in a virtual session, it is my responsibility to be in a private room or space and if not, my conversations may be overheard by others. I have been informed of my rights and have received a copy of Trustbridge's Notice of Privacy Practices and Patient Rights & Responsibilities.

Printed Name of Client: _____

Client's Signature: _____

Client Date of Birth: _____

Date: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Phone Number: _____

Date: _____