

RANDALL'S ISLAND SUMMER CAMP 2021

Camper Registration Form & Waiver (to be completed by campers and parent or guardian)

CBO Child is registering with: _____

NAME _____

PARENT/GUARDIAN _____

STREET _____ APT. ____ BOROUGH _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

EMERGENCY CONTACT _____ PHONE _____

ADDRESS _____ PHONE _____

SCHOOL _____ GRADE (2020-21 School Year) _____

ADDRESS _____ PHONE _____

HEALTH Are you in good health? YES ____ NO ____
 Are you asthmatic? YES ____ NO ____
 Do you take any medication? YES ____ NO ____ Name of medication _____
 Do you have any known allergies? YES ____ NO ____
 If yes please explain _____

INSURANCE
 Does your family have medical insurance? YES ____ NO ____
 Health insurance carrier _____ Policy # _____
 Have you suffered any injuries or had any health problems in the last 6 months? YES ____ NO ____
 Describe _____

CBO Directors and parents please note:

- Participants are required to provide their own lunch and transportation each day.
- Participants must provide certification that current physicals have been obtained.
- All campers must have medical clearance to attend *Randall's Island Summer Camp*.

Camp DO's and DONT's

- DO**
- Wear athletic attire:
 - Athletic footwear (sneakers)
 - Shorts, windbreakers, or sweatpants
 - T-shirts, football jerseys, etc.
 - Observe good sportsmanship, teamwork, respect, and cooperation
 - Stay with your counselor or group – Buddy System!
 - Bring a counselor for any bathroom visits
 - Wear mask correctly at all times (except during designated mask breaks and lunch time)

- DONT**
- Under any circumstances bring
 - ELECTRONICS: radios, games, ipods, cellphones
 - water guns
 - jewelry
 - Curse
 - Engage in fighting or violence
 - Threaten other campers or counselors
 - Show underwear
 - Chew gum
 - Visit the food truck during activities

Waiver

I understand that camp, including the Motion Health Education Workshop and/or Movement Screening offered by Hospital for Special Surgery (the "Workshop"), may require physical tasks and the performance of various movements, exercises and activities. I understand that activities which may be required for participation in camp, including the Workshop, involve certain inherent risks, including but not limited to, minor injuries such as cuts, bruises, muscle strains and sprains, and even fractures. More rarely, the reaction of the body to the activities undertaken at camp, including in the Workshop, cannot be predicted with complete accuracy and there exists the remote possibility of other injuries such as abnormalities of blood pressure, fainting, disorders of heart rhythm, and, in very rare instances, spinal injury, heart attack, or even death.

I further acknowledge that by participating in camp, transportation to/from camp, and/or the Workshop I am accepting my child's risk of contracting disease (including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is also known as COVID-19), which could lead to serious illness or death. I am voluntarily permitting my child to participate in these activities with knowledge of the risks involved.

Release and Waiver: I hereby release and hold harmless Randall's Island Park Alliance, Inc. (RIPA), and the New York City Department of Parks & Recreation (Parks), as well as Hospital for Special Surgery ("HSS") and its affiliates, including their respective successors, assigns, officers, directors, trustees, principals, medical staff, employees, representatives and agents (all of the foregoing, collectively, "Released Parties"), and all related parties contracted by the aforementioned, of any and all liability, losses, costs, expenses, claims, and demands of whatever kind or nature, including death or emotional distress, or loss or theft of, or damage, to property, which arise or may hereafter arise from, during or as a result of his/her being on or about Randall's Island and/or his/her participation in camp or transportation to camp, including, without limitation, participation in the Workshop, or from my child's use or intended use of services, facilities, equipment, machinery or other property in any such activities. I understand that this waiver is intended to be as broad and inclusive as permitted by applicable laws and regulations.

I understand that the Workshop is educational in nature, and none of HSS or its affiliates or any employees, medical staff or agents of any of those entities, are offering medical advice by the offering of the Workshop. I also understand that I should consult with my child's physician(s) before his/her participation if I have any concerns or questions about the impact of his/her participation on his/her medical condition. By my child's participating in the Workshop I am not relying, on HSS, or its affiliates or any employees, medical staff or agents of any of those entities, to provide my child with medical advice of any kind (including advice pertaining to my participation in its activities), or to advise me of the medical risks associated with my child's participation, regardless of whether any HSS affiliated medical professionals are also participating in the Workshop

Medical Treatment: To the best of my knowledge, my child is in good physical condition and may participate safely in camp, including the Workshop. I hereby release RIPA, Parks and HSS and all other Released Parties from any claim which arises on account of any first aid, treatment, or service rendered to my child in connection with any incident at Randall's Island Park. I understand that Workshop staff are conducting the Workshop in an educational capacity, and therefore will not be responsible for providing me with emergency or other medical treatment that I may require in the course of participating in the Workshop.

Indemnity: I will indemnify RIPA, Parks, and HSS and all other Released Parties for any damage caused or liability incurred by me or my child during his/her visit to Randall's Island Park, participation in camp, transportation to/from camp, and/or participation in the Workshop or any of their respective activities.

Photographic Release: I understand that my child's photograph may be taken during camp and hereby allow RIPA and HSS staff to take photographs, videos and/or audio recordings (Recordings), which contain images of my child. I understand that these images may be used by RIPA and the Hospital for Special Surgery and agree to allow them to publish or reproduce such images for the purpose of publicity, marketing, publications, and/or solicitation of contributions, and/or broadcast or other public viewing. I agree that I will receive no compensation or other remuneration for the taking, production, use, broadcast, and/or distribution of such recordings or for my participation in any manner in such demonstration, and I specifically release RIPA, HSS, and all others from any liability or other obligation arising from the taking, production, use, broadcast, and/or distribution of such recordings and from my participation in the demonstration. I understand that I have the right to withdraw from participating in the recording at any time during the demonstration and that I have the right to revoke this consent at any time to the extent that RIPA and HSS has not relied upon it, or has not submitted the recording for use in external media.

Commitment: If selected for camp, my child will be committed to attending each day, unless unforeseen circumstances arise. My child will also follow the rules of camp and behave in a sportsmanship like manner at all times.

Other: I understand that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. I further agree that any disputes that may arise that are in any way related to my participation in camp (including in the Workshop) and/or transportation to camp, or this release are subject to the exclusive jurisdiction of the federal and state courts in the County of New York, State of New York, to whose jurisdiction I submit. I agree that in the event that any provision of this Release shall be held to be invalid by any court, the invalidity of such provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I hereby affirm that I have read and fully understand this form, have had all of my questions answered, and give my informed consent for my child to participate in the activities described above (including to the release and waiver above), consent for use and disclosure of my information, and my consent to the making of the Recordings as set forth above. I agree that these terms shall bind me and my heirs, executors, administrators, legal representatives and assignees. I further acknowledge that this is an important legal document in which I give up legal rights and remedies I and/or my child would otherwise have and this document applies to all activities at camp and/or the Workshop, regardless of whether specifically listed above or not.

Parent/Guardian's Signature _____ **Date** _____