



# Become a Morrow County Green Crusader Youth Camp

August 24-28, 2020; Virtual with one-day in person experience; All sessions start at 9AM NOTE:

Registered campers are expected to participate fully.

## PERMISSION TO PARTICIPATE

**A separate permission to participate form for each camper is required.**

This form must be completed for each participant by the parents/guardians. This information will be kept confidential and used only for the welfare of the participant. **PLEASE COMPLETE and RETURN to [morrowmec@gmail.com](mailto:morrowmec@gmail.com)** or mail to Green Crusader Camp Attn: Morrow County Recycling, 80 North Walnut Street, Suite C, Mount Gilead, Ohio 43338; 419-946-6400

Camper Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Circle: *Male Female* School or School District: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*(participation information will be sent to this email)*

### FRIDAY ONLY PARTICIPANTS:

**MEDICAL, ALLERGIC CONDITIONS or NEEDED ACCOMODATIONS:** List any conditions which you would like volunteers to be aware of, for the safety of your child. Include chronic health conditions and allergies, including asthma, bee sting allergies, food allergies, etc. and/or any requested accommodations that your child may need to fully participate in the one-day hands on experience.

Other Adults Authorized to Pick-Up/Drop-Off Your Child: \_\_\_\_\_ (an ID will be required)

**Friday's hands-on experience is slated to take approximately 2 hours to complete. What is your desired time slot?**

*(This ranking does not necessarily place you in your desired time slot. You will receive confirmation of your appointment prior to Thursday, Aug 27, 2020.)*

Please Rank: 1,2,3 Time Slot: 9:00AM-11:00AM \_\_\_\_\_ 11:30AM-1:30 PM \_\_\_\_\_ 2:00PM-4:00PM \_\_\_\_\_

### Legal Stuff:

**ZOOM PERMISSION** – I understand and grant consent for my child to participate and join the on-line zoom meeting sessions with other participants and each session will be recorded. I understand that it is my obligation as a parent to assist my child to participate virtually (this includes providing a computer, mobile, or tablet device with access to the Internet. I understand I am responsible for any fees associated with obtaining and using a local internet connection. I grant permission for camp facilitators to send meeting passwords to the email I provided above. Please be aware that Zoom collects information about its users and has its own privacy terms and conditions to which members must adhere. Please review Zoom's privacy terms and conditions carefully before registering your camper: <http://zoom.us/terms> and <http://zoom.us/privacy>.

**PHOTO PERMISSION** – I understand and grant consent that my child may be photographed during the above event may be used by participating event organizations for literature, social media (Facebook, website), or other media outlets. I also understand and grant consent that any submitted photos or work I submit to the event coordinators may also be utilized in a similar or same fashion.

**MEDICAL RELEASE:** I understand that in the case of serious illness or injury I will be notified, and that I give permission to transport my child for treatment. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant listed. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

**PERMISSION & LIABILITY RELEASE:** I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving screen time for virtual experience, outdoor activities, recreation and exploration, and interaction with unfamiliar surroundings, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

**INDEMNIFICATION:** The contractor shall indemnify and hold harmless the County, each member of the Morrow County Environmental Education Committee (MEEC), and the Board of Morrow County Commissioners, along with each officer, employee or agent of said organizations (and their heirs, executors and administrators) who is made a party or is threatened to be made a party to any litigation, action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he is or was a member, officer, employee or agent or is or was serving at the request of any of the participating organizations.

I agree to all of the above statements and I also do hereby, waive any and all claims against, and agree to fully release and hold harmless, the participating organizations and the participating organizations' officers, employees, agents, and volunteers from any and all claims related to any illness, injury, and/or property damage which may arise from my child/ward's participation.

Parent/Guardian Name: \_\_\_\_\_ (Print Please)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_