

Camp Redwood

Permission and Waiver and Release of Liability Form

The Jewish Community Center ("JCC") is offering a camp "Rainbow Day Camp" for families that have experienced a significant death. The JCC employees and volunteers offer a variety of activities for the campers. Children's Wisconsin staff will be available at the camp to offer general support for activities. Information about the JCC and Rainbow Day Camp is available on the JCC's website: <https://www.jccmilwaukee.org/>

Participants: Camp Redwood is an overnight grief camp for children and their parent(s)/legal guardian(s) who have experienced grief. Each child must be accompanied to this overnight camp by a parent/legal guardian.

Date: May 31- June 1, 2025. This is an overnight camp beginning on May 31 at 8:00am and ending on June 1 at 1:00pm.

Location: Albert & Ann Deshur JCC Rainbow Day Camp
W3985 Trails End Road
Fredonia, WI 53021

Transportation: Campers are responsible for obtaining transportation to and from the camp.

Activities: Activities that may be offered at the camp typically occur outside, are weather dependent and may include, but are not limited to, the following: Crafts, swimming, community projects, social skills games, playing on the playground or in the gym, nature walks, and sensory play (lights, textures, sounds and movement toys).

Meals: The JCC provides buffet-style meals for the campers.

Medical Clearance: It is the parent/legal guardian's responsibility to discuss their and their child(ren)'s participation in the camp with their and their child(ren)'s health care provider and to ensure that they and their child(ren) are medically appropriate to participate in the events of the camp.

Behavioral Expectations: Campers are expected to participate in camp with limited supervision. This means that your child must be able to manage their own behaviors and act in the following respectful, safe and responsible manner:

- Be respectful to others. Use appropriate language.
- Stay with the group in close proximity to other campers and not walk/run away.
- Be responsible for own belongings and actions. Not damage property or hurt themselves or others.
- Sit on a bus for 30 minutes or longer twice a day (if applicable).
- Manage own allergies.
- Eat in a group setting.
- Sit and pay attention to group activities.
- Spend the majority of the day outdoors, on unpaved and possibly uneven terrain.
- Be without electronic devices.
- Listen and follow directions.
- Maintain a positive attitude.
- Manage hygiene needs independently.
- Not smoke, vape or use alcohol or illegal drugs. Not have weapons or exhibit any other illegal behavior.

I understand that it is my responsibility to determine whether my child can adhere to these behavioral expectations. I also understand that if my child is unable to demonstrate the appropriate behaviors and/or causes disruption or an unsafe environment, I and my child may be asked to leave the camp. Additionally, I am responsible for all damage caused by my child.

Medication Administration: Children's Wisconsin will not be administering medication at this camp.

Photographs/Recordings:

I give permission for photographs and/or recordings of me and my child(ren) to be taken and used by Children's Wisconsin. All rights therein are and shall remain the property of Children's Wisconsin, its successors and assigns. Children's Wisconsin may use the photographs and/or recordings, without compensation, in any and all forms now or hereafter known (print, website, social media, etc.). Children's Wisconsin is not responsible for photographs and/or recordings taken by others.

Waiver and Release of Liability

I understand that my and my child(ren)'s participation in this camp may involve some risk including injury or illness, with losses which may result not only from my and my child(ren)'s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. I certify that my and my child(ren), who may have a chronic health condition are in good health, are able to meet the behavioral expectations and there is no medical reason preventing my and my child(ren)'s safe participation in this activity. In consideration for my and my child(ren)'s participation in the activity, I agree to forever waive all claims and causes of action against Children's Hospital of Wisconsin, Inc., its affiliates, directors, officers, employees, volunteers and agents (collectively, the "Released Parties") and release from all liabilities, demands, claims, losses, costs or damages arising out of or related to my and my child's participation in this camp. I understand that this release excludes any harm or loss caused intentionally or recklessly by the Released Parties.

I have read this waiver and release of liability agreement and understand the terms used in it and their significance. This waiver and release of liability agreement is freely and voluntarily given with the understanding that right to legal recourse is given up in return for allowing my and my child(ren)'s participation in this camp. I also waive the right I or my child(ren) have to bargain for different waiver and release of liability terms. My signature on this document is intended to bind myself and my and my child(ren)'s successors, heirs, representatives, and assigns.

Camper Information:

Camper #1 Name _____ Sex _____
Date of birth _____ Grade fall 2025 _____
Allergies/Special Needs _____

Camper #2 Name _____ Sex _____
Date of birth _____ Grade fall 2025 _____
Allergies/Special Needs _____

Parent/Legal Guardian Information:

Please note, all adults attending this camp will be required to undergo background checks.

Parent/Legal Guardian #1

Name _____ Relationship to camper _____

Telephone number where I can be reached during camp _____
Alternate telephone number _____
Address: _____
☐ Yes, I will attend the camp with my child(ren).

Parent/Legal Guardian #2

Name _____ Relationship to camper _____
Telephone number where I can be reached during camp _____
Alternate telephone number _____
Address: _____
☐ Yes, I will attend the camp with my child(ren).

I have read this information and understand that this is a camping program of the JCC. I agree to the terms listed herein and I give permission for my child(ren) to participate in the camp and its activities.

***Each minor attending camp must have a parent/legal guardian sign below.
*Each adult attending camp must also sign below.**

Signature: _____
Parent or Legal Guardian of Camper(s)

Relationship to Camper(s): _____ Date: _____

Signature: _____ Date: _____
Parent/Legal Guardian Attending Camp

Signature: _____ Date: _____
Parent/Legal Guardian Attending Camp

*****This form must be completed and returned to Nichole Stangel two weeks before the camp.**