

CAMP TAMARACK

The Jewish Community Center ("JCC") is offering a Grief Camp for patients and families of Children's Hospital of Wisconsin, Inc. ("Children's Wisconsin"). This camp is for participants between 7 and 12 years of age who are grieving a death. This camp provides an opportunity to share with other campers, explore feelings and learn coping skills in a group setting. The JCC employees and volunteers offer a variety of activities for the campers. Children's Wisconsin staff and volunteers will be available at the camp to offer first aid and provide general support of activities. Information about the JCC is available on the JCC's website: <https://www.jccmilwaukee.org/>

Dates: July 22-26, 2024, from 9:30am- 3:45pm.

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

Activities: Activities that may be offered at the camp are weather dependent and may include, but are not limited to, the following: ice breaker, swimming, rock climbing, hiking, basketball, yoga, and arts and crafts.

Transportation: Busing is provided by the JCC and is available to and from the camp. Campers may also opt to provide their own transportation.

July 22-26, 2024 The bus will leave this location at approximately 8:30am.
Children's Corporate Center
999 North 92nd Street
Milwaukee, WI 53226

July 22-26, 2024 The bus will return to this location at approximately 4:45pm.

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

First Aid: I give my permission for Children's Wisconsin staff to provide first aid to my child(ren) if needed.

Photographs/Recordings:

I give permission for photographs and/or recordings my child(ren) to be taken and used by the JCC and/or Children's Wisconsin. All rights therein are and shall remain the property of the JCC and/or Children's Wisconsin, its successors and assigns. The JCC and/or 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.). The JCC and/or Children's Wisconsin is not responsible for photographs and/or recordings taken by others.

Waiver and Release of Liability

I understand that 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 child(ren)'s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. I certify that my child(ren), who may have a chronic health condition are in good health, and there is no medical reason preventing my child(ren)'s safe participation in this activity. In consideration for my child(ren)'s participation in the activity, I agree to forever waive all claims and causes of action against the JCC, Children's Hospital of Wisconsin, Inc., their affiliates, directors, officers, employees, volunteers and agents (the "Released Parties") and release from all liabilities, demands, claims, losses, costs or damages arising out of or related

to 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 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 child(ren)'s successors, heirs, representatives, and assigns.

Camper Information:

Camper #1 Name _____ Sex _____
DOB _____ Grade fall 2024 _____
Allergies/Special Needs _____

Camper #2 Name _____ Sex _____
DOB _____ Grade fall 2024 _____
Allergies/Special Needs _____

Camper #3 Name _____ Sex _____
DOB _____ Grade fall 2024 _____
Allergies/Special Needs _____

Camper #4 Name _____ Sex _____
DOB _____ Grade fall 2024 _____
Allergies/Special Needs _____

Parent/Legal Guardian Information:

Parent/Legal Guardian #1

Name _____ Relationship to camper _____
Telephone number where you can be reached during camp _____
Alternate telephone number _____
Address _____

Parent/Legal Guardian #2

Name _____ Relationship to camper _____
Telephone number where you can be reached during camp _____
Alternate telephone number _____
Address _____

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, and for the JCC and Children's Wisconsin to obtain or provide first aid for my child(ren) if needed.

Signature _____
Parent/Legal Guardian of Camper(s)

Relationship to Camper(s) _____ Date _____