

Name of Participant \_\_\_\_\_

Name of parent/guardian if applicant is a minor \_\_\_\_\_

## LA VIDA RELEASE AND ASSUMPTION OF RISK

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Since La Vida's beginning in 1970 it has had an excellent safety record. All activities are well within safety limits, and standard procedures are strictly enforced by trained instructors. The La Vida policy "challenge by choice" means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity but will not use or allow peer pressure to force any participant to do anything they would prefer not to do. We are required by law to inform each participant of the risk and danger involved in adventure activities. Therefore, this Release and Assumption of Risk Form has been drawn up and must be signed by each participant or the parents of minors.

I am aware that during La Vida certain risks and dangers may occur which are out of the control of the instructors. I further realize that I will be participating in activities in which the risk of an accident may be greater than in my normal way of life.

In consideration of the right to participate in such La Vida activities, I have and do hereby assume all the above risks and will hold Gordon College and the La Vida instructors harmless from all liability, actions, causes of actions, debts, claims and demands of every kind and nature which might arise in conjunction with my participation in La Vida. I also acknowledge the fact that the instructors have the right to terminate my participation in La Vida because of my health or physical condition. I agree that the decision of the instructors shall be binding upon me.

\_\_\_\_\_ Initial to acknowledge

## PHOTO RELEASE

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I give La Vida and Gordon College permission to use for promotional materials and for the website any and all photos taken of me during any and all La Vida activities.

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission

## RELEASE OF MEDICAL INFORMATION

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HIPAA regulations prohibit sharing of medical information regarding anyone age 18 or over without signed consent.

I do \_\_\_ do not \_\_\_ authorize Gordon College La Vida staff to share medical information with the emergency contact that I have provided during my involvement in a Gordon College La Vida program.

***(Please turn over for additional response information)***

## MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

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New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

Check **one** box and sign below.

- My child has had the meningococcal immunization (Menactra or Menveo) within the past 10 years.  
Date received \_\_\_\_\_

**[Note:** The Centers for Disease Control and Prevention (CDC) recommend two doses of MenACWY for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. Children and adolescents with certain medical conditions may need to begin the MenACWY series at a younger age and/or receive additional doses. Consult with your child's healthcare provider regarding any medical conditions they may have. If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed.]

**—OR—**

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will NOT obtain immunization against meningococcal disease.

## SUNSCREEN CONSENT

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I do \_\_\_ do not \_\_\_ consent to have our child carry and use sunscreen s/he has brought or the camp has supplied, which is approved by the FDA for over the counter use to avoid overexposure to the sun. Our child may be assisted by unlicensed camp staff if s/he requests.

## INSECT REPELLENT CONSENT

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I do \_\_\_ do not \_\_\_ consent to have our child carry and use insect repellent s/he has brought, which is no more than 35% DEET. Our child may be assisted by unlicensed camp staff if s/he requests.

By signing this document, I confirm that I have read through this document in its entirety and the above information is accurate.

Name \_\_\_\_\_

Signature \_\_\_\_\_