



2020-2021 Adopteen Release Form

Full Name: _____

Gender:

- Female
- Male
- Gender Nonconforming
- Prefer not to Answer

Birth Date: _____ Adoption Date: _____

Email: _____ Phone: _____

Street Address 1: _____ Street Address 2: _____

City: _____ State/Province: _____ Postal Code: _____

Known Allergies: _____

Known Medical Conditions: _____

Participation Authorization

By registering for any Adopteen program or activity, I agree to waive any claim of liability against Adopteen/The Park/CCAI (CCAI), its staff, volunteers, and Board of Directors, in the event of any loss or injury resulting from participation in Adopteen activities and events on the CCAI premises, or at other locations where Adopteen activities may occur.

I understand and acknowledge that participation in Adopteen events involves inherent risk to the individual including injury. I agree to release CCAI of all liability for any cost or expenses arising out of my participation in Adopteen, including the cost of any medical care given to me or any expenses or fees incurred in any lawsuit arising as a result of any damages or injuries caused by me in the course of my participation in Adopteen. I further understand that CCAI is not responsible for any accidents or injuries that may occur.

I accept full responsibility for any medical expenses that might arise as a result of sickness or injury and understand that CCAI does not maintain medical insurance, which would cover any sickness or injury.

I authorize the Designated Supervisor(s) to authorize and consent to any medical care that he or she reasonably believes necessary, including hospitalization or surgery. CCAI will obtain the consent of a Parent, Guardian, and/or Emergency Contact when time and conditions permit.

Participant's Signature: _____ Date: _____

If under 18,
Parent/Guardian's Name (Please Print) _____ Date: _____

If under 18,
Parent/Guardian's Signature _____ Date: _____

Code of Conduct:

To provide the safest and best experience, we have the following expectations for all Adopteen participants:

- Active participation in the entire event
- Absolutely no use or possession of any illicit substances, including but not limited to tobacco, marijuana, alcohol, and cigarettes
- Respect for all personnel, peers, and property
- No inappropriate conduct with any peers or supervisors
- Abide by all laws of the city and state where this event is located

I understand that if I am found engaging in or in possession of tobacco, drugs, alcohol, or sexual conduct of any kind **I will be dismissed immediately and it may be grounds for further legal and financial action taken against me.**

I have read and understand the above statements. I agree to act in accordance with this Code of Conduct. Failure to comply with any part of this Code of Conduct may result in my immediate dismissal from this event. In the event of a dismissal, any travel arrangements and expenses will be my responsibility.

Participant's Signature: _____ Date: _____

If under 18,
Parent/Guardian's Name (Please Print) _____ Date: _____

If under 18,
Parent/Guardian's Signature _____ Date: _____

Photo Release

I, _____, hereby give permission to Adopteen/The Park/CCAI to use photos of me taken during the event in specific promotional material such as the Adopteen Newsletter, CCAI Circle, CCAI/The Park/Adopteen website, print and social media. My name will not accompany any photos that are used unless specifically permitted by me.

- I give permission to CCAI to use my name for promotional publications specified above.
- I do not give permission to CCAI to use my name for promotional publication specified above

Participant's Signature: _____ Date: _____

If under 18,
Parent/Guardian's Name (Please Print) _____ Date: _____

If under 18,
Parent/Guardian's Signature _____ Date: _____

Emergency Contacts

First & Last Name of Emergency Contact	Relation to Participant	Phone Number	Email Address

Consent for Medical Treatment

I, _____, authorize the Designated Supervisor(s) to obtain emergency medical treatment for me during the Adopteen event. I consent to hospital care to be rendered to me at a recognized medical facility, under the general or special supervision of a qualified physician or surgeon. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my condition and that I am responsible for all charges in connection with the care and treatment rendered to me during this period.

I certify that I have read and understand this consent form, that all responses made on this form are true and accurate, and that I will notify Adopteen/The Park/CCAI hereafter of any relevant changes in the my health that occur during the period this Release Form covers.

Participant's Signature: _____ Date: _____

If under 18,
Parent/Guardian's Name (Please Print) _____ Date: _____

If under 18,
Parent/Guardian's Signature _____ Date: _____

Specific Medical Information (Optional)

Date of last Tetanus Booster: _____

Current Medications: _____

Have you ever had or do you now have (check yes or no):

	Yes	No		Yes	No
Chicken Pox			Kidney Problems		
Hepatitis			Chronic Skin Problems		
Tuberculosis			Epilepsy		
Malaria			Fainting Spells		
Heart Disease			Diabetes		
High Blood Pressure			Anemia		
Chronic Chest Pain			Severe Anxiety		
Asthma			Surgery		
Chronic Gastrointestinal Problems			Other**		

*Please give details about any items on which you checked “Yes”:

**Please give details about any other medical needs you wish to note: