



## 2020 Virtual Adopteen Conference 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 wherever 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 they 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.

## 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 of any illicit substances, including but not limited to tobacco, marijuana, alcohol, and cigarettes
- Respect for all personnel, peers, and virtual space
- No inappropriate conduct with any peers or supervisors, such as, but not limited to, perverse messaging or gestures, unsolicited texting, or other explicit activities.
- Abide by the confidentiality agreement
- No inappropriate behavior, including but not limited to, drawing on the screen at inappropriate times, disturbing the group, spamming the chat, creating loud or distracting noises, and inappropriate backgrounds.
- Do not share the link and password to the Zoom with anyone, even if they have signed up for the camp. Adopteen staff will provide all pertinent meeting links and passwords to all participants who have signed up to participate in the camp.
- Break rooms will be kept to a minimum of two leaders and three campers.

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 my actions will 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 expenses will be my responsibility and the registration fee will not be refunded.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

## Confidentiality Agreement

Certain aspects of a virtual event involve confidential information. It is your responsibility to respect and maintain confidentiality to protect our participants, families, and staff. This includes but is not limited to email addresses, full names of campers and staff, and other personal information.

We ask that all campers of the Adopteen Virtual Camp sign a confidentiality agreement.

I, \_\_\_\_\_, understand and agree to respect the confidentiality of any information that I may have access to as a participant of Adopteen Virtual Camp. I understand that respecting confidentiality means that in no way shall I discuss the details of any fellow camper or staff information with any party outside of Adopteen during or after the Adopteen Virtual Camp.

I understand that if I have any questions regarding what information is confidential, I should ask any member of the Adopteen staff.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release

I, \_\_\_\_\_, hereby give permission to Adopteen/The Park/CCAI (CCAI) to use photos of me taken during the event in specific promotional material such as the newsletters, 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

### Specific Medical Information

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:

