



Dear Parents and Campers:

It's time to register for **2019 Summer Camp**! Applicants are accepted on a first come, first served basis. Exceptions may be made for new campers. Please call us if your child/teen is newly diagnosed with cancer.

**Teen Week Summer Camp June 16-21**  
Ages 13-18 years (or completed the 7<sup>th</sup> grade by camp)  
**Junior Week Summer Camp June 23-28**  
Ages 7-12 (or completed the 1<sup>st</sup> grade by camp)

**If possible, please complete registration online at**  
**<https://campsunshine.campmanagement.com/campers>**

**We are happy to provide any assistance, please give us a call at 404-325-7979.**

### **2019 APPLICATION CHECKLIST**

*Your application will not be considered complete until all of the following documents are submitted.*

- Completed application (All sections must be filled out and signed by a legal guardian)**
- Health Form signed by a Physician/Nurse Practitioner**
  - On Therapy—New form required for every program
  - Off Therapy—Form is good for one year from date seen by Physician/Nurse Practitioner
- Up-to-Date Immunization Record (GRITS) *see minimum requirements on application***
- Copy of Health Insurance card/Section completed on application**

### **PLEASE RETURN APPLICATION TO...**

**CAMP SUNSHINE**  
**1850 CLAIRMONT ROAD**  
**DECATUR, GA 30033**  
**FAX 404-325-7929**

**EMAIL [vicki@mycampsunshine.com](mailto:vicki@mycampsunshine.com)**

- ⇒ This information is essential to keeping your camper safe and healthy at camp.
- ⇒ Please return your completed application, including all attachments above, by May 1<sup>st</sup>. Applications received after May 1<sup>st</sup>, may be accepted based on availability.
- ⇒ After receiving your completed application, you will receive an e-mail with detailed information and directions.

We realize you may have many questions about sending your child/teen to camp. For more information, please feel free to call us anytime or visit our website.

**PHONE 404-325-7979**  
**Toll free 1.866.SunCamp (1-866-786-2267)**  
**[www.mycampsunshine.com](http://www.mycampsunshine.com)**

We look forward to seeing you soon!

Edith Tomasetti  
Program Director  
[edith@mycampsunshine.com](mailto:edith@mycampsunshine.com)



# 2019 CAMP SUNSHINE CAMPER APPLICATION

- TEEN SUMMER CAMP June 16-21 (DUE MAY 1)  
 JUNIOR SUMMER CAMP June 23-28 (DUE MAY 1)

Camper's Name: \_\_\_\_\_  
First Middle Last

Preferred name for name tag: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  F

Camper's Race:  Caucasian  African American  Asian  American Indian  Hispanic  Biracial  
 Multiracial  Other \_\_\_\_\_

Camper Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Camper Home Phone \_\_\_\_\_

Camper E-Mail \_\_\_\_\_ Age at Camp \_\_\_\_\_ Grade in school (2018-19) \_\_\_\_\_

Circle Camper's T-shirt size: YOUTH S M L XL  
ADULT S M L XL XXL XXXL

Please let us know how you prefer to receive future communications regarding camp/programs. USPS \_\_\_\_\_ Email \_\_\_\_\_

**Parent Name/Guardian(s) with whom child/teen lives:**

Parent #1 Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
First Last

Parent/Guardian #1 E-mail \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
First Last

Parent/Guardian #2 E-mail \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**If child/teen does not live with both parents, please list other parent (or guardian) below.**

Parent Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Home # \_\_\_\_\_  
First Last

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Address \_\_\_\_\_

**Who has custody or legal guardianship?** \_\_\_\_\_

**Are there any custodial issues?**  Yes  No **If yes, please explain and attach legal documentation.**

**EMERGENCY CONTACTS** – Persons to contact in case of an emergency **if parents cannot be reached:**

1. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_

This application is available to any teen who has or has had cancer without regard to race, gender, religion or national origin. Final acceptance shall be determined after thorough review of expected medical & behavioral condition.

Camp Sunshine. 1850 Clairmont Road. Decatur, GA. 30033 Phone 404-325-7979.  
Toll Free 1-866 SUN CAMP. Fax: (404) 325-7929. Email forms to [vicki@mycampsunshine.com](mailto:vicki@mycampsunshine.com)

Camper Name \_\_\_\_\_

## MEDICAL INFORMATION

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

On Therapy     Off Therapy - Date \_\_\_/\_\_\_     Relapse - Date \_\_\_/\_\_\_     BMT - Date \_\_\_/\_\_\_

Oncologist \_\_\_\_\_ Phone # \_\_\_\_\_

Treatment Center:  CHOA at Eggleston     CHOA at Scottish Rite     Children's Hospital at MUMC Savannah

HOPE for Kids Macon-Navicent Health     Other \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Physician or Professional Counselor \_\_\_\_\_ Phone # \_\_\_\_\_

## IMMUNIZATIONS

**\*\*\* YOU MUST PROVIDE A COPY OF CHILD'S MOST CURRENT IMMUNIZATIONS RECORD (GRITS)\*\*\***

### **Minimum Requirements:**

MMR     DPT, DT, Tdap within 10 years     Polio     Varicella     Hep B     Meningococcal (11-21 years)

**GENERAL QUESTIONS** (Explain "yes" answers in the space provided to the side of each question.)

### **Has your child / Does your child:**

1. Had any recent injury or infectious disease?    Y    N \_\_\_\_\_
2. Had surgery in the last 18 months?    Y    N \_\_\_\_\_
3. Ever had seizures?    Y    N \_\_\_\_\_
4. Ever been diagnosed with a cardiac problem?    Y    N \_\_\_\_\_
5. Have diabetes?    Y    N \_\_\_\_\_
6. Have asthma/wheezing/shortness of breath?    Y    N \_\_\_\_\_
7. Have high blood pressure?    Y    N \_\_\_\_\_
8. Have frequent headaches?    Y    N \_\_\_\_\_
9. Have any other chronic illness/condition?    Y    N \_\_\_\_\_
10. If female, begun menstrual cycle?    Y    N \_\_\_\_\_
11. Ever had VRE?    Y    N \_\_\_\_\_
12. Have neurological deficit/muscular problems?    Y    N \_\_\_\_\_
13. Received the flu vaccine in the last 12 months?    Y    N \_\_\_\_\_
14. Had the following illnesses?  Measles     Mumps     Chicken Pox     Shingles     Whooping Cough     Tuberculosis

## HEALTH INSURANCE INFORMATION

*Please attach a copy of your insurance card and pharmacy card.*

**My child does not have health insurance**

Name of insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of insurance holder: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group No: \_\_\_\_\_

If applicable, Medicaid No: \_\_\_\_\_

**ALLERGIES/DIETARY RESTRICTIONS - List all known.**

**MEDICATION ALLERGIES** Describe reaction and management of the reaction. Please include anaphylaxis/epi pen.

\_\_\_\_\_  
 \_\_\_\_\_

**No known medication allergies**

**FOOD ALLERGIES** Describe reaction and management of the reaction. Please include anaphylaxis/epi pen.

\_\_\_\_\_  
 \_\_\_\_\_

**No known food allergies**

Dietary restrictions and/or special food requirements? (vegetarian, lactose intolerance, etc.)

\_\_\_\_\_

**OTHER ALLERGIES** – Include insect stings, hay fever, asthma, etc. Please include anaphylaxis/epi pen.

\_\_\_\_\_  
 \_\_\_\_\_

**CAMPER ADJUSTMENT TO CAMP/CABIN**

**Please complete the following to assist us with your camper’s adjustment to camp and cabin assignment:**

Returning Camper/Family to Camp Sunshine (i.e., summer camp, family camp, teen retreat, etc.)?  Yes  No

If yes, how many years at Camp Sunshine? \_\_\_\_\_

Has your camper been to other sleep away camps?  Yes  No

How does your camper feel about going to Camp?  Resistant  Nervous  Okay  Excited  Can’t wait!

Is your camper able to function at his or her age level? If no, please describe.

\_\_\_\_\_

**Special Equipment/Ambulatory Needs:** Check all that apply.

- Wheelchair  Walker  Crutches  Prosthesis  Orthotics  White Cane  Hearing Aids  Glasses  Contacts  
 Additional Special Needs \_\_\_\_\_

**Please list any physical restrictions or activity limitations** (i.e. no swimming, no prolonged sun exposure, no competitive sports, limb amputation, difficulty walking distances, vision or hearing loss)

\_\_\_\_\_

**Assisted Daily Living Skills:** Does your camper need assistance or supervision with the following? Check all that apply.

- Brushing Teeth  Combing Hair  Dressing  Showering  Toileting/Bathroom  Other \_\_\_\_\_

**Sleeping Habits:** Check all that apply.

- Sleeps through the night  Fear of dark  Nightmares  Night Terrors  Difficulty Waking  Talks in Sleep  
 Difficulty Falling Asleep  Snoring  Bed Wetting  Sleep-walking  Other \_\_\_\_\_

Strategies to help at bedtime:

\_\_\_\_\_

**Eating habits:** Check all that apply.

- Eats everything  Eats snacks several times a day  Tends to skip a meal each day  Needs to be encouraged to eat  
 Picky eater  Other \_\_\_\_\_

Strategies to help with meals: \_\_\_\_\_

\_\_\_\_\_

**Please rate your camper’s swimming ability:**

- Non-swimmer  Beginner/Limited Ability  Intermediate  Advanced

Does your camper wish to learn how to swim at camp?  Yes  No

**CAMPER MENTAL AND EMOTIONAL HEALTH**

It is important that we ensure your camper is both physically AND emotionally safe during his/her time at Camp Sunshine. Please provide us with the information below so that we can assess your camper's adjustment to the camp environment. We keep this information confidential and only use it to enhance your camper's transition to camp. Final acceptance shall be determined after thorough review of expected medical and behavioral conditions in order to provide the best camp experience for everyone.

Camper likes/hobbies/interests: \_\_\_\_\_

What strategies are used to manage your camper's behavior? \_\_\_\_\_

What rewards work for good behavior? \_\_\_\_\_

Camper dislikes: \_\_\_\_\_

What upsets your camper? \_\_\_\_\_

How does your camper express anger/frustration? \_\_\_\_\_

**Behavioral Concerns:** Please check all that apply.  Wanders/runs away  Non-compliant  Eats inedibles  
 Inappropriate language/profanity  Inappropriate sexual behavior  Destroys property  Collects items that do not belong to them  Self-injurious behavior  Hits/kicks others  Bites

Helpful techniques to manage these behaviors: \_\_\_\_\_

**Does your camper have a Behavior Intervention Plan at school?**  Yes  No (Please submit a copy of plan with application)

**Has your camper been diagnosed with the following behavioral or emotional conditions?** Please check all that apply.

ADD/ADHD Treatment Plan: \_\_\_\_\_

Medication Prescribed?  Yes  No Please list medication: \_\_\_\_\_

Will take medication during camp session?  Yes  No If not, why? \_\_\_\_\_

Anxiety Treatment Plan: \_\_\_\_\_

Depression Treatment Plan: \_\_\_\_\_

Bipolar Disorder Treatment Plan: \_\_\_\_\_

Eating Disorder Treatment Plan: \_\_\_\_\_

Autism Spectrum Treatment Plan: \_\_\_\_\_

Other \_\_\_\_\_

Has your camper experienced any stressful life events in the past year (i.e. death of family member, friend or pet, divorce, marriage, deployment, loss of residence)?  Yes  No If yes, please describe. \_\_\_\_\_

Has your camper been hospitalized for any of the above conditions in the last 18 months?  Yes  No If so, please explain. \_\_\_\_\_

May Camp Sunshine's Camper Support Staff contact your camper's physician or professional counselor if a concern arises during the camp session?  Yes  No

**Session Questions:**

What would your camper like to accomplish this session? \_\_\_\_\_

If possible, what other camper(s) would your child like to be in a cabin with? \_\_\_\_\_

Is there anything else you would like your camper's counselor to know? Please describe. \_\_\_\_\_

## **CAMP SUNSHINE CAMPER CODE OF CONDUCT**

I understand that when my child comes to Camp Sunshine that they will be expected to conduct themselves in the following manner or may be dismissed from Camp:

- Follow all reasonable directions given by any Camp Sunshine staff or volunteer member.
- Participate in all Camp activities to a reasonable extent.
- Conduct himself/herself in a manner that is not disruptive to Camp programs.
- Be respectful to all campers and staff.
- Store all medications with the medical staff.
- Not use, possess or distribute illegal or unprescribed drugs, alcohol or tobacco products, ecigarettes, eliquids, vape devices or vape pods of any kind. (Grounds for immediate dismissal).
- Not use or possess or distribute fireworks, weapons, knives, or other items that can be used as a weapon. (Grounds for immediate dismissal).
- Not use or possess a cell phone, messaging device, smartwatch, or any device with Wi-Fi capability of any kind (Grounds for immediate dismissal).
- If brought to camp, all electronic/battery-operated games/gadgets (cannot have Wi-Fi capability) will stay in the cabin and are not the responsibility of Camp Sunshine.

**I have read and understand this Code of Conduct and will share these expectations with my camper.**

**Parent Signature** \_\_\_\_\_

**TRANSPORTATION—TEEN WEEK SUMMER CAMP**

We provide a bus from the Camp Sunshine House in Decatur to assist in getting your child to/from Camp Twin Lakes in Rutledge, GA. Seats are limited and available on a “first come, first serve” basis for those with completed applications. We will notify you if the bus is full and will place you on a waiting list if desired.

\*\*If we have at least 8 campers sign up, we will provide transportation to and from The Children’s Hospital in Savannah.

Please select bus or parent drop off/pickup to indicate how your child will be arriving and departing from camp:

**TEEN WEEK**

**Arrival---Sunday, June 16, 2019**

\_\_\_\_\_ **BUS:** My Child will be riding the bus provided by Camp Sunshine. I will have my child at the Camp Sunshine House at the meeting time listed below according to my child’s last name:  
 A – H - Meet at **Camp Sunshine House** at 12:15 PM  
 I -- Q - Meet at **Camp Sunshine House** at 1:00 PM  
 R -- Z - Meet at **Camp Sunshine House** at 1:45 PM  
 Lunch is **not** provided on Sunday.

\_\_\_\_\_ **PARENT DROP OFF:** I will be driving my child to Camp Twin Lakes and will arrive between 2:00pm and 3:30pm.

**Departure—Friday, June 21, 2019**

\_\_\_\_\_ **BUS:** My child will be riding the bus home. I will pick up my child at the Camp Sunshine House (and park next door at the Care & Counseling Center) **at 3:15 PM.**

\_\_\_\_\_ **PARENT PICK UP:** I will be picking up my child at Camp Twin Lakes **at 1:30pm in the gym.**

**\*\*if offered SAVANNAH BUS TO CAMP (9:00 AM Drop Off)/FROM CAMP (6:00 PM Pick up)**

Names of adults (including parents) who are authorized to pick up camper at the end of camp and/or special arrangements regarding transportation for your child (photo ID required at pick-up):

\_\_\_\_\_

\_\_\_\_\_

My camper requires a bus with a wheelchair lift:  Yes  No

I will pick my child up on time and will inform Camp Sunshine immediately if an emergency prevents me from doing so. If my transportation plans change prior to camp, I will complete and promptly return an Updated Transportation Form (found at [www.mycampsunshine.com](http://www.mycampsunshine.com)).

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Emergency Cell Phone #

**TRANSPORTATION—JUNIOR WEEK SUMMER CAMP**

We provide a bus from the Camp Sunshine House in Decatur to assist in getting your child to/from Camp Twin Lakes in Rutledge, GA. Seats are limited and available on a “first come, first serve” basis for those with completed applications. We will notify you if the bus is full and will place you on a waiting list if desired.

\*\*If we have at least 8 campers sign up, we will provide transportation to and from The Children’s Hospital in Savannah.

Please select bus or parent drop off/pickup to indicate how your child will be arriving and departing from camp:

<b>JUNIOR WEEK</b>	
<b><u>Arrival---Sunday, June 23, 2019</u></b>	
<u>      </u>	<b>BUS:</b> My Child will be riding the bus provided by Camp Sunshine. I will have my child at the Camp Sunshine House at the meeting time below according to my child’s last name: A – O - Meet at <b>Camp Sunshine House</b> at 12:30 PM P -- Z - Meet at <b>Camp Sunshine House</b> at 1:15 PM Lunch is <b>not</b> provided on Sunday.
<u>      </u>	<b>PARENT DROP OFF:</b> I will be driving my child to Camp Twin Lakes and will arrive between 2:00pm and 3:30pm.
<b><u>Departure—Friday, June 28, 2019</u></b>	
<u>      </u>	<b>BUS:</b> My child will be riding the bus home. I will pick up my child at the Camp Sunshine House (and park next door at the Care & Counseling Center) <b>at 3:15 PM.</b>
<u>      </u>	<b>PARENT PICK UP:</b> I will be picking up my child at Camp Twin Lakes <b>at 1:30pm in the gym.</b>
<b>**if offered SAVANNAH BUS TO CAMP (9:00 AM Drop Off)/FROM CAMP (6:00 PM Pick up)</b>	

**DO NOT DROP OFF YOUR CHILD WITHOUT ASSISTING THEM WITH CHECK-IN.**

Names of adults (including parents) who are authorized to pick up camper at the end of camp and/or special arrangements regarding transportation for your child (photo ID required at pick-up):

\_\_\_\_\_  
\_\_\_\_\_

My camper requires a bus with a wheelchair lift:  Yes  No

**I will pick my child up on time and will inform Camp Sunshine immediately if an emergency prevents me from doing so. If my transportation plans change prior to camp, I will complete and promptly return an Updated Transportation Form (found at [www.mycampsunshine.com](http://www.mycampsunshine.com)).**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Cell Phone #



## 2019 CAMP SUNSHINE CONSENT FORM

The following consent agreement must be signed by a parent or legal guardian of the minor child in order for the child to attend Camp Sunshine.

Your signature below indicates approval of the following:

1. In the event that my child, \_\_\_\_\_, participates at Camp Sunshine during the **2019 summer camp**, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my child's participation in the Camp's activities. This release is intended to discharge in advance Camp Sunshine and all of its agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my child's participation in the activities of the Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during Camp activities, and that participants in Camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.

I further agree to indemnify and hold harmless Camp Sunshine in the event any other person or entity, other than the undersigned, brings an action for the death or personal injuries of my child, as a result of my child's participation in the Camp's activities.

2. Camp Sunshine accepts no responsibility for the loss, damage or theft of your child's property.

3. Should you as parent or guardian, during the Camp session, leave your place of residence, you will advise the Camp administration where you can be contacted in the event of an emergency.

4. Camp Sunshine maintains an accident insurance policy on campers attending the **2019 session**. All claims under this policy must be submitted within 30 days of the occurrence of the accident. This policy is in addition to and not in place of any health or accident insurance maintained by you.

5. Notwithstanding Paragraph 1, I recognize and understand that Camp Sunshine is operated as a charitable organization. My child and I are receiving all of the benefits of Camp Sunshine with minimal or no costs to us and recognize that Camp Sunshine is immune from suit under Georgia's Charitable Immunity Doctrine.

6. In case of medical and/or surgical emergency, you authorize Camp Sunshine medical staff to render to your child or to arrange for your child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Georgia.

7. All information is correct so far as I know and the child being described has permission to engage in all prescribed Camp activities, except as noted by me and the examining physician.

8. Camp Sunshine has an app! By checking yes to this question, you are giving Camp Sunshine and the app developer permission to enter your name and email address as an approved user of this private app. Please see privacy policy in the app. Yes \_\_\_ No \_\_\_

Print Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Parent/Guardian/Self Signature \_\_\_\_\_ Date \_\_\_\_\_

# CAMP TWIN LAKES -- CAMP RELEASE FORM - SUMMER CAMP

This agreement must be read and signed for you/your child to be eligible to attend the Camp Sunshine, Inc. program at Camp Twin Lakes.

Your/Your Child's Name: \_\_\_\_\_

## I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in the and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the Camp Sunshine, Inc. program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although Camp Sunshine, Inc. and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp Sunshine, Inc. and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the Camp Sunshine, Inc. program at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in Camp Sunshine, Inc. activities at Camp Twin Lakes. I also agree to inform Camp Sunshine, Inc. of any activities in which I/my child may not participate. I understand and agree that my child will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses.

## II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Sunshine, Inc. and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance in the Camp Sunshine, Inc. program at Camp Twin Lakes.

## III. MEDIA RELEASE

I do\_\_\_ I do not\_\_\_ give Camp Sunshine, Inc. and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Sunshine, Inc. and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Sunshine, Inc. or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Sunshine, Inc. and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Sunshine, Inc. and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

## IV. PROGRAM AND OUTCOMES EVALUATION

I do\_\_\_ I do not\_\_\_ give Camp Sunshine, Inc. and Camp Twin Lakes permission to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

## V. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X \_\_\_\_\_  
Parent/Guardian/Self Signature

\_\_\_\_\_  
Date