

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

2024 Camp Erin® Lincoln  
September 27-29, 2024



**Applications due to Sarah by Friday, July 26, 2024. Send via mail or email to:**

<b>Mailing Address:</b> Mourning Hope Grief Center Attn: Camp Erin 1311 South Folsom Street Lincoln, NE 68522	<b>Email:</b> <a href="mailto:sberghoff@mourninghope.org">sberghoff@mourninghope.org</a>
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**Packet Checklist:**

- 2024 Camp Erin Camper Application
- Photo of deceased
- Custody Release Form
- Consent for Medical/Surgical Care, Emergency Treatment and Medical Information Form
- Health History, Medication Consent and Instructions Form
- Medication Log
- Copies of insurance card(s)
- Camp Erin Photo, Publicity and Liability Consent and Release
- Mourning Hope Audio Visual Release Agreement
- Yes! My camper has a special diet. *(Please note details):*  
\_\_\_\_\_
- COVID:** I understand that COVID-19 vaccination and keeping current with booster updates is advisable for all campers, and that my camper may be required to show proof of a negative COVID test prior to camp participation.

**STAFF USE ONLY:**

_____ <i>Yes, attending camp</i>	_____ <i>First-time camper</i>
_____ <i>Notified of camp acceptance</i>	_____ <i>Not attending camp at this time</i>
_____ <i>Eluna Photo, Publicity and Liability Consent and Release</i>	_____ <i>MH Audio and Visual Release</i>
_____ <i>CJH Adventure Course Release</i>	_____ <i>T-Shirt Size</i>

Family meeting date/time: \_\_\_\_\_



# 2024 Camp Erin® Lincoln Camper Application



## CAMPER INFORMATION

**A separate application is required for each camper. Please print or write legibly.**

New camper                       Returning camper

Camper's name: \_\_\_\_\_

Camper prefers to be called: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_ Grade in August 2024: \_\_\_\_\_

**Race/Ethnicity:** *(We only use this information to gather demographic statistics and for grant applications. Check all that apply.)*

- African American     Native American     Asian     Caucasian     Native Hawaiian/Other Pacific Islander
- Hispanic/Latino     Multi-Racial     Middle Eastern/Northern African     Other: \_\_\_\_\_

School name: \_\_\_\_\_

Siblings (list names/ages): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

## EMERGENCY CONTACTS (Please list two people *other than you* to contact in case of emergency at camp.)

Emergency Contact #1 Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

**If child is a Ward of the State, is taking and displaying/sharing photos of camper approved by caseworker?**

- Yes     No                       Child is not a Ward of the State

**How did you hear about Camp Erin® Lincoln?** (check all that apply)

- School     Web     Advertisement     Hospice
- Mourning Hope     Past Camp Participant     Other (please specify): \_\_\_\_\_

**BEREAVEMENT HISTORY**

**On this page, please identify the most significant death in the child's life. A follow-up page is provided for any additional deaths.**

Name of person who died: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date of death: \_\_\_\_\_ Age of deceased at time of death: \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

Was the death anticipated?  Yes  No

Was the child present at the time of death?  Yes  No

Did the child attend the funeral/memorial service?  Yes  No

If yes, what were the child's reactions to/comments about the service? \_\_\_\_\_

\_\_\_\_\_

Do you and the child talk about the deceased?  Yes  No

Does the child have memories of the deceased?  Yes  No

Describe the majority of the child's memory of the deceased:

- All positive memories
- Mostly positive memories
- Mostly negative memories
- All negative memories

What has the child been told about the cause of the death? \_\_\_\_\_

\_\_\_\_\_

Did the child receive grief support services and/or counseling before or after the death?  Yes  No

If yes, please specify services received and length of service: \_\_\_\_\_

\_\_\_\_\_

Was the deceased an active, reserve or National Guard military member or military veteran?  Yes  No

If so, what branch? \_\_\_\_\_

Is either guardian an active, reserve or National Guard military member or military veteran?  Yes  No

If so, what branch? \_\_\_\_\_

Describe the relationship between the child and the deceased (e.g., close, distant): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did the child react to the death? \_\_\_\_\_

\_\_\_\_\_

**BEREAVEMENT HISTORY**

**On this page, please identify any additional deaths the child has experienced.**

Name of person who died: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date of death: \_\_\_\_\_ Age of deceased at time of death: \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

Was the death anticipated?  Yes  No

Was the child present at the time of death?  Yes  No

Did the child attend the funeral/memorial service?  Yes  No

If yes, what were the child's reactions to/comments about the service? \_\_\_\_\_

\_\_\_\_\_

Do you and the child talk about the deceased?  Yes  No

Does the child have memories of the deceased?  Yes  No

Describe the majority of the child's memory of the deceased:

- All positive memories
- Mostly positive memories
- Mostly negative memories
- All negative memories

What has the child been told about the cause of the death? \_\_\_\_\_

\_\_\_\_\_

Did the child receive grief support services and/or counseling before or after the death?  Yes  No

If yes, please specify services received and length of service: \_\_\_\_\_

\_\_\_\_\_

Was the deceased an active, reserve or National Guard military member or military veteran?  Yes  No

If so, what branch? \_\_\_\_\_

Describe the relationship between the child and the deceased (e.g., close, distant): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did the child react to the death? \_\_\_\_\_

\_\_\_\_\_

**BEHAVIORS**

Has the child exhibited any of the following behaviors in the last two months? (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Harmed others                 | <input type="checkbox"/> Stealing                   |
| <input type="checkbox"/> Ran away from home | <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> Nightmares                 |
| <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Lying                         | <input type="checkbox"/> Destruction of property    |
| <input type="checkbox"/> Drug/alcohol use   | <input type="checkbox"/> Regression                    | <input type="checkbox"/> Ongoing sleep disturbances |
| <input type="checkbox"/> Specific fear      | <input type="checkbox"/> Behavior problems (home)      |   |
| <input type="checkbox"/> Discussed suicide  | <input type="checkbox"/> Behavior problems (school)    |   |

Has the child experienced any other deaths?  Yes  No

If yes, please specify the deaths and describe the impact on the child:

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Describe any other changes/stresses in the child's life: (e.g., divorce, illness, moving, change of school)

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Has the child's behavior, things they have said or done concerned you lately?  Yes  No

If yes, please specify:

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**CAMP INFORMATION** (attach extra sheet if you need more space)

Have you and the child talked about them coming to Camp Erin?  Yes  No

What concern(s), if any, do you have about the child attending camp? \_\_\_\_\_

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What concern(s), if any, does the child express about attending camp? \_\_\_\_\_

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Does your child have a current IEP/504 (Individualized Education Program) at school?  Yes  No

If yes, what areas of concern does it address? \_\_\_\_\_

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**CAMP INFORMATION** (continued)

What strategies have you found to be helpful when the child has overwhelming emotions?

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Does the child take medication due to specific behavior(s)?  Yes  No

If yes, what behaviors/medications? \_\_\_\_\_  
\_\_\_\_\_

**Has the child ever:**

Spent a night away from home?  Yes  No

Attended day camp?  Yes  No

Attended overnight camp?  Yes  No

List any special interests or hobbies the child has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything we should know about the child's religious beliefs or faith practice? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know to better serve the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's t-shirt size:** (check one)  Child S (6-8)  Child M (10-12)  Child L (14-16)  
 Adult S  Adult M  Adult L  
 Adult XL  Adult 2X  Adult 3X

**Yearly family income:** (check one)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$12,140      | <input type="checkbox"/> \$25,101 to \$29,420 | <input type="checkbox"/> \$42,381 to \$46,700 | <input type="checkbox"/> \$59,661 to \$63,980 |
| <input type="checkbox"/> \$12,141 to \$16,460 | <input type="checkbox"/> \$29,421 to \$33,740 | <input type="checkbox"/> \$46,701 to \$51,020 | <input type="checkbox"/> \$63,981 to \$68,300 |
| <input type="checkbox"/> \$16,461 to \$20,780 | <input type="checkbox"/> \$33,741 to \$38,060 | <input type="checkbox"/> \$51,021 to \$55,340 | <input type="checkbox"/> \$68,301 to \$72,620 |
| <input type="checkbox"/> \$20,781 to \$25,100 | <input type="checkbox"/> \$38,061 to \$42,380 | <input type="checkbox"/> \$55,341 to \$59,660 | <input type="checkbox"/> \$72,621+            |

Number of people living in your household: \_\_\_\_\_

Does your child qualify for free/reduced lunch in their school system?  Yes  No

## THE FOLLOWING ARE REQUIRED IN ORDER FOR YOUR CAMPER TO ATTEND CAMP ERIN:

Campers will be notified of their acceptance to Camp Erin by mail and by phone the **week of August 5, 2024**. Please remember that new campers will be accepted first, and returning campers will be accepted once all first-time attendee slots are full.

### 1. PRE-CAMP FAMILY MEETING

New campers and their caregiver(s) are **required** to attend a pre-camp family meeting with camp staff. Our staff will reach out to you to schedule this as we receive applications throughout the spring and summer.

### 2. SAVE YOUR SPOT EVENT

There will also be a **required** Save Your Spot event with camp staff, volunteers and campers. The Save Your Spot event will be in the afternoon on **Sunday, September 15** at the Mourning Hope Grief Center in Lincoln. Campers will meet their Cabin Buddies and other campers, and work on a project for camp.

Parent/Guardian name: (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

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

Relationship to camper: \_\_\_\_\_

Please return completed application via mail *or* email to:

<b>Mailing Address:</b> Mourning Hope Grief Center Attn: Camp Erin 1311 South Folsom Street Lincoln, NE 68522	<b>Email:</b> <a href="mailto:sberghoff@mourninghope.org">sberghoff@mourninghope.org</a>
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# Custody Release Form



Name of child camper: \_\_\_\_\_

Birth date of child camper: \_\_\_\_\_

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin, its staff, volunteers and/or representatives to release the child to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and/or representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child to health care professionals or other appropriate personnel.

I have read and understand this entire form, and I agree to be bound by conditions of the agreement.

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

\_\_\_\_\_  
Date





## Consent for Medical/Surgical Care, Emergency Treatment and Medical Information Form

Name of Parent/Guardian: \_\_\_\_\_  
First Middle Last

(please check one)     Mother     Father     Legal Guardian

Name of child camper: \_\_\_\_\_  
First Middle Last

(please check one)     Son     Daughter     Other: \_\_\_\_\_

Birth date of child camper: \_\_\_\_\_

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following health issues and/or problems:

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My child takes the following prescription and/or non-prescription medications:

**(Please be sure to list medications on the "Medication Log" on page 12. This includes over-the-counter medications.)**

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**Consent for Medical/Surgical Care,  
Emergency Treatment and Medical Information Form  
(continued)**

Name of health insurance carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Policyholder's group number: \_\_\_\_\_

Signature of policyholder: \_\_\_\_\_

**Please make a copy of your insurance card(s)  
and attach to the completed application.**



## 2024 Camp Erin Lincoln Health History, Medication Consent and Instructions Form

Name of child camper: \_\_\_\_\_  
First Middle Last

Gender: \_\_\_\_\_ Birth date of child camper: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_  
First Middle Last

Mother     Father     Legal Guardian    Emergency contact #: (\_\_\_\_\_) \_\_\_\_\_

Does your child have any of the following:	Yes	No
Limitations that require special accommodations (please list at bottom of form)		
Asthma		
Dietary Restrictions (i.e. physician recommended, religious, etc.) (please list at bottom of form)		
Convulsions		
Seizures/seizure disorder		
Diabetes		
Ear infections		
Hearing impairment		
Motion sickness		
Nosebleeds		
Wears glasses/contacts		
Recurring headaches or stomachaches		
Other: (please specify here)		
Is your child currently under the care of a physician?		
If yes, physician's name and phone #:		
Does your child have any allergies? (i.e. food, medicine, or other)		
If yes, please explain:		
Any history of operations or serious illnesses?		
Will your child be taking medications at camp?		
If yes, please fill out log on page 12.		
<b>The Camp Erin Nurse has my permission to give my child:</b>		
• Acetaminophen (Tylenol) for minor aches or pains		
• Ibuprofen (Advil) for minor aches or pains		
• Benadryl for troublesome itching due to bug bites		
• Tums or Pepto-Bismol for tummy upsets		
• Neosporin for minor cuts or scrapes		

Special accommodations needed and/or dietary restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



## 2024 Camp Erin Lincoln Medication Log

**Name of child camper:** \_\_\_\_\_  
First
Middle
Last

Please list all the medications that your child will be bringing to camp, including over-the-counter medications (such as allergy medications). All medications will be collected at camp check in and distributed by the Camp Erin Nurse.

Medication:	Dosage:	Reason for meds:	Side effects observed:	Time meds are given:



## 2024 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, \_\_\_\_\_ (print name of Parent/Guardian or Adult Participant),

understand that Eluna and Mourning Hope Grief Center (“**Local Camp**”) desire to use certain audio or visual works in which my child or I might appear (e.g., video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin® as a camper, employee, volunteer or visitor. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I also understand that, as part of my or my child's participation in Camp Erin, I or my child may be exposed to or experience Harm (defined below), including as a result of infection by COVID-19 (also known as SARS-CoV-2 or the coronavirus) (“**COVID 19**”). By this Consent and Release Agreement (“**Consent and Release**”) do hereby grant certain rights to Eluna and Local Camp and release Eluna and Local Camp from certain liabilities, on behalf of myself (if I am a camper, employee, volunteer or visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). This Consent and Release Agreement confirms my child's and my grant of rights and our agreement is as follows:

**1. Grant of Rights.** For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Local Camp, and each of their respective directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”). I understand that this Consent and Release will cover all of my or my child(ren)'s future participation at any Camp Erin activities.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Local Camp all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Local Camp therefor.

**2. Contact.** Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Local Camp. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Local Camp for such purposes, unless I opt out below.

**3. Release.** I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Local Camp, and each of their respective directors, officers, employees and advisors (collectively, the “Released Parties”) from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation, whether intentional or unintentional, of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, “**Harm**”) that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin, including any Harm or infection caused by exposure to COVID-19 that I or my child(ren) may experience by attending Camp Erin activities. Camp Erin, Eluna, and Local Camp **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your child(ren)'s risk of contracting COVID-19. By signing this Consent and Release, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Erin activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Erin activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Camp Erin, Local Camp, and each of their respective directors, officers, employees, agents, volunteers, or program participants and their families. I understand that this waiver will cover all of my or my child(ren)'s future participation at any Camp Erin activities. I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at or participation in Camp Erin activities. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS. If any provision of this Release is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

(over please)

**4. Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Local Camp herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

**5. Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, Local Camp, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Local Camp and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Local Camp, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Local Camp may, in its sole discretion, assign or transfer some or all of this Consent and Release.

**6. Governing Law.** This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

**7. Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND LOCAL CAMP ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Participant or Parent/Guardian of Participant

Participant(s) is/are:  Youth Camper  Family Member  Volunteer  Visitor  Camp Erin Leadership/Staff

Is Participant an employee of the organization hosting Camp Erin?  Yes  No

**YOUTH PARTICIPANT INFORMATION (if applicable)**

Youth First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ADULT INFORMATION (only one adult per consent)**

Parent/Guardian / Family Member / Volunteer / Visitor / Staff

Adult First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number:  Mobile  Home \_\_\_\_\_

Email: \_\_\_\_\_

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)

**Additional details, use only as directed:**



## Mourning Hope Grief Center Audio and Visual Release Agreement

I, \_\_\_\_\_ (print name of Parent/Guardian or Adult Participant), understand that the Mourning Hope Grief Center may use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Mourning Hope programming. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for Mourning Hope and/or its related activities. By this Audio and Visual Release Agreement (“Audio and Visual Release”) do hereby grant certain rights, including moral rights, to Mourning Hope and release Mourning Hope from certain liabilities, on behalf of myself or on behalf of my child (if I am the parent or guardian of a minor, employee, volunteer or visitor). I, on behalf of myself and my child, hereby grant to Mourning Hope and each of their directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child’s identity and my or my child’s experience in Mourning Hope programming, including without limitation my or my child’s name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child’s Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Mourning Hope for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”). I understand this Audio and Visual Release will cover all of my or my child(ren)’s future participation in any Mourning Hope programming.

I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Mourning Hope and each of their directors, officers, employees and advisors (collectively, the “Release Parties”) from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed) relating to any claim that my child or I may have now or in the future, based on (a) any usage or adaptation, whether intentional or unintentional, of my or my child’s Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for liable, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child’s Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof.

This Audio and Visual Release expresses the entire understanding between Mourning Hope, and me and my child, and supersedes any prior agreements and discussion between us with respect to the subject matter of this Audio and Visual Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Mourning Hope, its agents or representatives. This Audio and Visual Release may be amended only by written instrument signed by Mourning Hope and Me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Mourning Hope may, in its sole discretion, assign or transfer some or all of this Audio and Visual Release.

This Audio and Visual Release will be governed by the laws of the State of Nebraska, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Lancaster County, Nebraska and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

If any provision of this Audio and Visual Release is found to be enforceable in any respect by a court of competent jurisdiction, this Audio and Visual Release will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH MOURNING HOPE ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.



Youth Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Printed Name (Adult / Parent or Guardian / Family Member / Volunteer / Staff)

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Signature \_\_\_\_\_ Date \_\_\_\_\_



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## CHALLENGE COURSE RELEASE FORM

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*This will be given to Nebraska Lutheran Outdoor Ministries for their records.*

Name: \_\_\_\_\_ **Over 19 yrs old** \_\_\_\_\_ **Over 250 lbs** \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number:(\_\_\_\_) \_\_\_\_\_

*In case of emergency notify:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

All participants will follow all safety procedures and guidelines as instructed by the NLOM staff. Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.

I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. **I realize that the Challenge Course/Climbing program might jeopardize my health if I have a history of heart problems or high blood pressure, am pregnant, recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries, have an enlarged organ, am a transplant recipient, or have Down Syndrome.** Participants with any of these or other physical concerns should talk with the NLOM staff prior to the start of the Co-Op event.

In the event of illness or injury, I do hereby consent to whatever medical treatment and hospital care may be considered necessary in the best judgment of the attending physician, surgeon, or dentist performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation in this activity, I agree to waive all claims against Nebraska Lutheran Outdoor Ministries and to hold its employees harmless from any and all liability or claims because of any death, bodily injury, personal injury, or illness that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrence that may arise solely out of the negligence of NLOM, its employees or agents.

I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by NLOM in training or promotional materials at any point in the future. I understand that my name will not be used and/or published in any way, and that I will not receive compensation for the use of such photographs and/or videotapes.

**By signing below I am agreeing that I have carefully read and agree to all of the sections above.**

\_\_\_\_\_  
Participant Signature (Minors must sign) \_\_\_\_\_ Date

\_\_\_\_\_  
Parent/Guardian/Legal Representative Signature Relationship Date  
(Required if Participant is 19 years of Age or Younger)

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Nebraska Lutheran Outdoor Ministries  
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Ashland, NE 68003  
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