

The Heart Institute Camp Joyful Hearts Cincinnati Children's Acknowledgment of Risk and Release Form

- I understand that my participation in programs offered by Cincinnati Children's Hospital Medical Center (CCHMC) is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.
- I am aware that experiential outdoor pursuits such as climbing, hiking, high ropes courses, ground initiatives, and other activities provided by CCHMC at Joy Outdoor Education Center for which I and/or my child have enrolled entails certain risks.
- Therefore, for myself/my child, I expressly, knowingly and voluntarily assume all risks
 involved in my participation, and do hereby release CCHMC and its members, trustees,
 officers, employees, and independent contractors and agents from any and all liability,
 damages, costs, and expenses arising out of or relating to bodily injury, loss of life or
 personal property that may occur as a result of participating in this program.
- I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding on the parties during the entire period of participation in the said program.
- Authorization for treatment- I hereby give permission to the medical personnel selected by the CCHMC to arrange necessary related transportation for this participant and assist with the prescription and over-the-counter medication if needed. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by CCHMC or Camp Joy to secure and administer treatment, including hospitalization, for the person named above.
- I acknowledge that the accommodations consist of large cabins which will house several families. CCHMC encourages all participants to bring only the minimum articles and personal items necessary for a comfortable weekend. CCHMC assumes no responsibility or liability for any lost, missing or stolen personal items.
- I understand that the participants on the Retreat Weekend will be made up of patients and families from The Heart Center. CCHMC assumes no responsibility or liability for any injury suffered as a result of the behavior of other participants.
- I give my consent for myself or my child to be photographed or videotaped for general camp, website, and/or CCHMC publicity.

Required: Signature of participant	Date	Signature of parent (If participant is under 18)
Note: This participant shall not be	permitted to p	participate in the following activities:



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Original- HIM

Authorization for Use and/or Disclosure of **Limited Protected Health Information**

MEDICAL RECORD #	·	(completed by CCHMC if applicable)
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DO NOT USE THIS FORM FOR RESEARCH PURPOSES OR TO RELEASE COPIES OF THE MEDICAL RECORD

Use/Disclosure Information To Use/Disclose	Address Intact e-mail: IMC may use/disclose the control of the control o	ne following health in Name and Parent/gu City of res	nformation about the d age uardian names sidence	City e individual:	State/Zip Phone: ()
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To Use/Disclose	IMC may use/disclose the Photographs (ideo recordings audio recordings) Other: IMC may use/disclose the CHMC communications	ne following health in Name and Parent/gu City of res	nformation about the d age uardian names sidence	e individual:	(Select all that apply) Admission, discharge, or treated/released status Diagnosis, treatment, prognosis
To Use/Disclose	Photographs /ideo recordings /udio recordings Other: IMC may use/disclose the communications	Name and Parent/gu City of res	d age uardian names sidence	e individual:	Admission, discharge, or treated/released status Diagnosis, treatment, prognosis
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ССН	video recordings Audio recordings Other: IMC may use/disclose the CHMC communications	City of res	sidence		
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CCH	IMC may use/disclose tl	nis health information			
or use/uisciosure	CHMC communications		· for the power		
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ta l□Pi	he media, including prir				
0		such as publications	(print or electronic)	, presentati	tions or related internet sites.
<u> </u>	II of the above				
	Other:				
	below, I authorize CCF that I am legally autho				specified in this authorization and confirm to the best of
•	• •	·			on this signed authorization.
■ The heal	Ith information used and	d/or disclosed as a re	esult of this authoriz	ation may l	be subject to redisclosure by the person or entity receive
	information. At that pol nation, in whole or in par		rotected by the fe	deral privac	cy regulations. CCHMC is not responsible for the use
Any phot	tos, images, or other rep	presentations specific			y of CCHMC or its representatives.
	norization is given withor r interest of any kind the				ardian and the individual release to CCHMC any right,
	•		· ·	•	uthorization at any time. Notification of withdrawal must
done in wr	riting and sent to the C	CHMC Health Inform	mation Managemer	nt (HIM) De	epartment, 3333 Burnet Avenue, ML 5015, Cincinnati,
	nis authorization will no				CCHMC has already taken action as described in labove.
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Signature:					Date:
Printed na	me:				
This form rauthorization	on.				ninor or 18 years of age or older, s/he is required to sign
	A copy of t	his authorization	must be provide	ed to the i	individual completing this form.
ي <u>≥</u> Depar	tment requesting authoriza	ation:			
Depart *Note:	: The original, signed aut	horization must be ser	nt to the HIM Depar	tment Attn: I	ECRM (MLC 5015) within 2 weeks of obtaining signature. onically, for internal tracking purposes.

Yellow- Individual Pink- Department

SG Form No. 100216 04/11



Acknowledgment of Risk and Release

Revised 1/15/2010

<u>INSTRUCTIONS:</u> Please read this form carefully. EACH PARTICIPANT MUST SIGN THIS ACKNOWLEDGMENT OF RISK FORM BEFORE the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., (JOEC) is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that <u>my participation is purely voluntary</u>, and I elect to participate in spite of the risks.

I am aware that experiential, outdoor pursuits such as living history reenactments, climbing, hiking, high ropes courses, ground initiatives, and other activities at JOEC, for which I have enrolled, entail certain risks.

I understand that completing and signing the Center's Confidential Medical Information Form is a prerequisite to participate in this program. The information my child or I have provided is a complete and accurate statement of the physical and psychological factors, which may affect participation in the program.

Therefore, I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates, representatives, successors, and assigns, and each of them, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether know or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any JOEC program, including, but not limited to any physical injury, psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I understand that photography is a standard component during JOEC programs. I consent for myself and/or my child/minor of legal responsibility to be photographed for general program and/or agency printed/internet publicity.

The health history is correct as far as I know, and the named participant has permission to engage in all prescribed program activities, except as noted. **Authorization for treatment**: I hereby give permission to the medical personnel selected by the visiting organization to arrange necessary related transportation for this participant and the visiting organization or JOEC to secure and administer treatment, including hospitalization, for the person named above.

Signature of participant (REQUIRED)	 Date	If participant is under 18, (Signature of Parent or Guardian is R	Date EQUIRED)
NOTE: This participant shall NOT BE PERMITTED	to parti	cipate in the following activities:	
☐ Check this box to decline the photo release.			



JOY OUTDOOR EDUCATION CENTER

MEDICAL FORM & ACKNOWLEDGMENT OF RISK and RELEASE (printed on Back) <u>INSTRUCTIONS:</u> Please read and complete this form carefully. **PLEASE PRINT**

TARTICH ANT 5 LAST NAME.	TIRST: Circle One: Chaperone / Participant
Circle One: Male / Female Participant's Birth Date: / /	Age: Email:
Street Address:City	State Zip: Phone ()
Primary Contact: Relationship: (Par	ent / Guardian / Spouse / Other):
Primary Contact #.'s: Home: ()Work: (
IF PRIMARY CONTACT IS NOT AVAILABLE - IN AN EMER	RGENCY NOTIFY: (List 2 contacts at 2 different addresses)
1. Name: Relationship:	2. Name:Relationship:
Address:	Address Work # ()
Cell # ()	Cell # ()
PHYSICIAN & INSURANCE INFORMATION	
//ledical/Hospital Plan:	Policy or Group #:
Policyholders First & Last Name:	Employer:
Primary Physician's Name:	
Family Dentist's Name:	Phone: :()
ME	DICATIONS
Prescribed Medicine Name / Reason 1	Immunizations: DPT Date Tetanus Date
2	
List any dietary restrictions:	
List anything else, which would help us, better serve you:	
MEDICAL CONDITIONS	ALLERGIES: Check all that apply
MEDICAL CONDITIONS Asthma (Does participant carry an inhaler?)	ALLERGIES: Check all that apply Hay Fever
Asthma (Does participant carry an inhaler?)	☐ Hay Fever
	□ Hay Fever□ Insect Stings
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes	Hay FeverInsect StingsPoison Ivy, other plants:
Asthma (Does participant carry an inhaler?) Broken Bones	 □ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods:
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections	 □ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs: □ Latex
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections Headaches Heart Disease High Blood Pressure	 □ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs:
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections Headaches Heart Disease High Blood Pressure Infectious Hepatitis	 □ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs: □ Latex
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections Headaches Heart Disease High Blood Pressure Infectious Hepatitis Psychiatric Care	□ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs: □ Latex □ Describe Allergic Reaction: □ Does participant carry an Epi-pen?
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections Headaches Heart Disease High Blood Pressure Infectious Hepatitis Psychiatric Care Pregnancy	□ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs: □ Latex □ Describe Allergic Reaction: □ Does participant carry an Epi-pen? □ (If yes, please send Epi-pen with participant)
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections Headaches Heart Disease High Blood Pressure Infectious Hepatitis Psychiatric Care Pregnancy Fainting	□ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs: □ Latex □ Describe Allergic Reaction: □ Does participant carry an Epi-pen?
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections Headaches Heart Disease High Blood Pressure Infectious Hepatitis	□ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs: □ Latex □ Describe Allergic Reaction: □ Does participant carry an Epi-pen? □ (If yes, please send Epi-pen with participant)
Asthma (Does participant carry an inhaler?) Broken Bones Diabetes Ear Infections Headaches Heart Disease High Blood Pressure Infectious Hepatitis Psychiatric Care Pregnancy Fainting	□ Hay Fever □ Insect Stings □ Poison Ivy, other plants: □ Peanuts, other foods: □ Penicillin, Other drugs: □ Latex □ Describe Allergic Reaction: □ Does participant carry an Epi-pen? □ (If yes, please send Epi-pen with participant and ensure s/he knows how to use it safely.)