CAMP RAINBOW GOLD INC. AND HIDDEN PARADISE

Camper Waiver

I hereby request and consent that my child or ward named below, be permitted to travel to and from, and participate in Camp Rainbow Gold, Inc.’s Summer Camp and Hidden Paradise. **Consent for Media** I grant permission for the participants named above, to appear in person or in voice, video or photographic presentation for radio, television, internet, or print media reports, social media, and/or media campaign(s) resulting from participation in the Camp Rainbow Gold, Inc.’s and Hidden Paradise’s activities throughout the year. **Release of Liability** I agree to and understand the following: My child or ward may be accompanied and transported by Camp Rainbow Gold Inc. and Hidden Paradise to and from Camp Activities. I agree and acknowledge, however, that neither Camp Rainbow Gold Inc., Hidden Paradise nor its employees, agents, or volunteers assume any liability whatsoever by such accompaniment or transportation. I agree that neither Camp Rainbow Gold Inc., Hidden Paradise, nor its employees, agents, or volunteers shall be held responsible for any injuries or damages that occur while the participant is traveling to or from such Camp Rainbow Gold Inc. and Hidden Paradise activities or during the time the participant is in attendance at or is participating in the Camp Rainbow Gold Inc. and Hidden Paradise activities. I do hereby hold harmless, Camp Rainbow Gold Inc., Hidden Paradise, its employees, agents, and volunteers against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with the participant travel to and from, attendance at or participation in Camp Rainbow Gold Inc. and Hidden Paradise. I hereby authorize any Camp Rainbow Gold Inc. and Hidden Paradise employee, agent, volunteer, or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of the participant. I further agree that no Camp Rainbow Gold Inc. Hidden Paradise, employee, agent, volunteer, or designated chaperone will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I also authorize the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for the participant. I do hereby agree to indemnify and hold harmless, Camp Rainbow Gold Inc., and Hidden Paradise and any Camp Rainbow Gold Inc. and Hidden Paradise employee, agent, volunteer, or designated chaperone from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorneys’ fees, which arise out of or are in any way connected with the provision of such emergency medical services.

Camper Contract

The following rules, guidelines and discipline policy constitute what will be referred to as the Camp Rainbow Gold and Hidden Paradise Camper Contract. The purpose of this agreement is to promote pre-camp education for campers and their families in an effort to assure all who attend Camp Rainbow Gold and Hidden Paradise summer programming are educated on and aware of all polices that will be regulated and enforced throughout the camp experience. Breaking any of the following rules may result in a camper’s immediate dismissal from camp. These rules and consequences for violating them will be explained to children following their arrival to camp and will be reiterated and enforced on a daily basis. If an infraction should occur, the staff member witnessing the disobedience will report such in writing to either the Camp Director or the Camp Rainbow Gold program manager. If the act was not observed by a volunteer or other adult, a team including the Camp Rainbow Gold program manager, Camp Director, LMSW, the child’s direct cabin Counselor and any other involved personnel will determine the severity of the infraction as well as the action to be taken. If a camper is dismissed, the child and his/her parents/guardians are informed of what exact action prompted the discharge. The parent/guardian must transport his/her dismissed child from the camp premises within 24-hours of corrective action. If the child is not removed within the stated time-frame, the Camp Rainbow Gold program manager makes transportation arrangements and all expenses incurred are the responsibility of the child’s parent /guardian. Please carefully review the following rules. Be advised each of these rules must be strictly adhered to at all times throughout the duration of camp and that if broken, the child will be dismissed immediately. Campers may not: • smoke cigarettes, drink alcoholic beverages, chew tobacco or use non-prescribed or illegal drugs. • participate in any inappropriate sexual behavior. • bring or acquire guns, ammunition, firecrackers, knives, sling shots or any other type of potentially dangerous equipment or weapons. • write, carve upon or otherwise disfigure or vandalize cabins, furniture, trees, or any other camp property (this includes the possessions of other campers and staff members). • take, steal, or borrow other people’s possessions without permission. Next, please carefully review the following guidelines. Campers may not: • have candles, lanterns or other types of fire in cabins. • go barefoot except in bed and in the swimming pool. • throw rocks, stones or sticks unless at a predetermined target designated and supervised by a counselor. • take glassware, utensils, etc. out of the dining area without consent of the kitchen staff. • curse, name-call, excessively tease or engage in behavior that diminishes the dignity and worth of another person. • leave from an assigned activity or location without his/her Counselor’s permission. •
participate in any other actions deemed inappropriate for camp. • take part in any improper form of cabin raiding. Suitable
types of raiding will be explained during the camper’s orientation at the commencement of camp. • camper must wear
appropriate clothing as defined in dress code guidelines I have reviewed and discussed the following Camp Rainbow Gold
and Hidden Paradise rules and guidelines with my child. He/she understands, to the best of his/her cognitive ability, the
seriousness of these standards as well as the importance in adhering to them. He/she is aware that if at any time
throughout the week of camp he/she is in violation of any of the above-stated rules and guidelines, the option for
immediate dismissal exists. He/She also understands that if dismissal happens they may not be invited to come back to
camp. By signing this camper contract, my child agrees he/she will abide by and follow all Camp Rainbow Gold and
Hidden Paradise rules and guidelines at all times.

Additional Release
The undersigned hereby grants permission to the medical staff or consulting physicians with the Camp Rainbow Gold
program and Hidden Paradise to provide routine health care; to administer prescription medications as prescribed; to
order x-rays and other diagnostic tests; treatment and to release any records necessary for insurance purposes. I also
give my permission that my child’s prescribing physician/dentist to be contacted, if necessary, regarding medication(s) or
health concerns. I also hereby give permission for Camp Rainbow Gold and Hidden Paradise to administer over-the-
counter medications if deemed necessary by the nurse or physician on duty in the med shack. Dosages will be
administered as a physician or nurse practitioner directs. Examples of over the counter medications may include:
antipyretics/analgesics (e.g. Ibuprophen, acetaminophen), antihistamines (e.g. Benadryl), antidiarrheal (e.g. Imodium,
Pepto Bismol) constipation (e.g. Senna), topical skin treatments (e.g. calamine lotion, hydrocortisone, antibiotic ointment).
The med shack will also have the prescription medication epinephrine available to be administered for life-threatening
allergic reactions. As the parent/legal guardian I give full authorization to Camp Rainbow Gold staff and Hidden Paradise
or agents to secure medical care or treatment of my child. This treatment may include assistance from the nearest
physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention,
as determined by the Camp Rainbow and or Hidden Paradise staff. In the event that I cannot be contacted, and an
emergency has occurred, I give permission to the treating medical institution and/or medical providers to hospitalize and
administer the appropriate treatment deemed medically necessary for my child. This is to authorize your child’s health
care provider and any of their affiliated employees, agents, or associated health care practitioners to disclose the
camper’s protected health information to Camp Rainbow Gold and Hidden Paradise. I understand that this authorization
does not expire on its ow terms, but that I have the right to revoke this authorization at any time except to the extent that
the facility has taken action in reliance on this authorization. To revoke this authorization, I must submit a written
revocation to Camp Rainbow Gold and / or Hidden Paradise. I understand that information disclosed by this authorization
may be re-disclosed by Camp Rainbow Gold and or Hidden Paradise.