



INFORMED CONSENT AGREEMENT

This agreement is to acknowledge that, in consideration of participation in Climate Camp to be held on: July 25-29, I consent to the following:

- I understand that accidents and injuries can arise out of participation in activities. Knowing this, I am willing to assume the risk that if an accident or injury may occur, I agree to release Peace Learning Center, HEART, and Earth Charter Indiana, their officers and employees from responsibility for risks associated with minor child’s (participant) participation in the summer program.
- I agree to release from liability and hold harmless Peace Learning Center, HEART, and Earth Charter Indiana, its programs, the trustees and their officers, employees, volunteers, agents and interns from claims against them arising from injuries or property damage which might occur in connection with any program activities.
- I certify that minor child is in good health and has the capacity to participate in Climate Camp
- I give permission for minor child to be medically treated for illness or injury which may occur during participation in any PLC’s program activities, and certify that he/she is covered by medical insurance. In the event that the participant is not covered by medical insurance, I agree and accept responsibility for costs associated with medical treatment. A completed “Authorization to Treat a Minor” form is attached.

<u>Please Print</u> Name of Minor Child (Participant)	<u>Please Print</u> Name of Parent or Guardian
Street Address City Zip Code	<u>Signature</u> Parent or Guardian Date

INFORMED CONSENT AGREEMENT PERMISSION TO PUBLISH PHOTOS

Photos of activities taken during Climate Camp are important tools for promoting future programs. Permission from a minor and parent/guardian is required to allow this.

To protect a child’s identity, names and schools will not be published. Only a PLC Director will have permission to add pictures to promotional materials or social media.

Participant Consent

YES NO

Parent/Guardian Consent

YES NO

I give Climate Camp permission to use my photograph in printed minor materials or PLC social media solely for promoting programs. summer program I understand that my name or school will not be used.

I am the parent or legal guardian of the child participating Climate Camp and hereby approve the use of his/her photo- graph pursuant to the terms described above.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____



In the event that my son/daughter becomes ill or sustains an injury while in the care or under the supervision of Peace Learning Center, HEART, and Earth Charter Indiana, any of the adult supervisors of the activity is given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care:

I, the undersigned part/legal guardian of _____, a minor child, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, emergency hospital care, which is deemed advisable and rendered under the general/special supervision of medical staff and/or emergency room staff licensed under the Medicine Practice Act. It is understood that every effort will be made to contact me or adult/guardian designated by me prior to rendering treatment to the minor child (participant/patient) but any treatment needed will not be withheld if I or a designated adult cannot be reached. I further agree to not hold the PLC liable for the medical aid rendered for the care of the named minor.

Participant Name: _____
(Please Print)

Parent/Legal Guardian Name: _____
(Please Print)

Date: _____

Parent/Guardian Signature: _____

Medical Insurance Information: Name of Insurance Company: _____

Policy Number: _____ Name of Insured: _____

Allergies to drugs or foods: _____

Required medications & frequency: _____

Activity limitations or special needs: _____

Previous illness/injuries that should be taken into consideration: _____

Emergency Contact/Pick Up Information

Name: _____ Phone: _____ Relationship: _____

In the event a parent/guardian cannot be reached, please indicate relatives or family friends who can be contacted for emergency pick up:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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I agree to waive and relinquish all claims and assume full risk of injuries that may be sustained by said minor child that the minor child may have against the Peace Learning Center, HEART, and Earth Charter Indiana as a result of the minor child being transported by a PLC bus. I hereby fully release, discharge, and further agree to indemnify and hold harmless Peace Learning Center, HEART, and Earth Charter Indiana, its officers, agents, employees and contractors from any and all claims due to injuries, damage or loss which my minor child may have or which may occur to my minor child and any and all claims sustained by my minor child on account of his/her being transported by a PLC bus.

I have read and fully understand the above Transportation Waiver and Release of all claims.



Please Print Name of Minor Child (Participant)

Please Print Name of Parent or Guardian

Street Address City Zip Code

Signature Parent or Guardian Date