



Dear Campers and Families:

Thank you for your interest in becoming a Camper for Sunshine Nevada Organization (SNO).

SNO was founded on the belief that every child and young adult deserves to experience the simple joys of childhood and life; SNO is committed to providing life changing experiences and education-based programs for children and young adults living with life threatening and/or altering illnesses. We would not be able to do this without the support and dedication of hundreds of volunteers each year – thank you for choosing us!

Application Forms

Please fill in all of the questions, save your version with the young adult's first and last name, and then email it to: camper@sunshinenevada.org.

PLEASE RETURN ALL COMPLETED
APPLICATIONS TO:

Sunshine Nevada Organization
Fax: 702-605-8174
Email: camper@sunshinenevada.org

A staff member will contact you within 7 days of receipt of your application by email or telephone to conduct a phone interview and answer any questions you may have.

We recommend that you make copies of all forms in the event that something is misplaced.

Securing The Camper's Spot at Camp

It is important that you send back your completed application packet as soon as possible to secure the camper's spot at camp. **All camps are filled on a first come, first served basis.**

We are looking forward to Camp Shine!

APPLICATION INSTRUCTIONS

Please take the time to read and complete each form thoroughly. Completed applications must be returned as soon as possible. Please remember, space is extremely limited.

Camp forms which must be <u>completed</u> and <u>returned</u> include:	1. CAMPER APPLICATION
	2. HEALTH INFORMATION
	3. CONSENT & AGREEMENT FORM
	4. VOLUNTARY RELEASE, ASSUMPTION OF RISK/ AGREEMENT NOT TO SUE

FORM INSTRUCTIONS

1. CAMPER APPLICATION FORM

We request that detailed instructions be included regarding personal care information. This will enable us to provide the best possible care for each camper.

IMPORTANT NOTE:

Emergency Release of Camper: In the event of an emergency and the camper must be released prior to the end of the camp, it is a requirement that someone be available at all times to pick up the camper. Therefore, the people that you list under emergency contacts on page one of the Camper application **must be available** and able to pick up and care for the camper in the event that parents, legal guardians, or conservators cannot be reached.

2. HEALTH INFORMATION

A tetanus immunization is recommended, but not required, to attend camp. If your camper has had a tetanus shot within the last 10 years, please include this information on the camper's medical forms.

MEDICAL EXAMINATION FORM: The medical examination is not required for one day camps.

MEDICATION: If your camper will need to be given a medication during camp (10a – 9p), please contact our camper coordinator to discuss ASAP.

3. CONSENT AND AGREEMENT FORM: Date and signature of the young adult camper over the age of 18, and **both parents**, or parent with legal custody (if separated or divorced), or legal guardian(s), or legal conservator(s) are required on signature page. Also, be sure to fill in camper's name at the bottom of each page and elsewhere as indicated.

For foster children, the signature of foster parents is NOT ACCEPTABLE, unless they are legal guardians of the camper. If not, the signature of the Department of Family Services Social Worker is required.

Camp Activities: Please be sure to read the Camp Activity Participation section carefully and ensure that each box is marked if you want your camper to participate in the corresponding camp activity. Camp staff will carefully observe activity restrictions.

4. VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE FORM:

Must be signed and dated by the young adult camper over the age of 18 and the parent or legal guardian/conservator. Please be sure to initial and fill in names/dates where indicated.

IF YOU NEED ASSISTANCE WITH COMPLETING THE CAMPER APPLICATION,
PLEASE EMAIL: camper@sunshinenevada.org

PLEASE READ! IMPORTANT!

NEW FOR 2023 CAMP SEASON!

Parents,

We have made significant changes to our camp application for 2023!

1. Camp is filled on a first come, first served basis. We have a very LIMITED number of camper spots for 2023. You must send a COMPLETED application to us to secure your young adult's spot.
2. A medical release, from your young adult's doctor, is **NOT** required to attend a day camp program.
3. You must complete all parts of this application for the application to be processed.
4. It is important that you complete all CAMPER INFORMATION of this application. Please be as detailed as possible and attach additional sheets, if needed.
5. You **must** include a photo of your camper.

If you have any questions at all, please contact us via email at camper@sunshinenevada.org.

We look forward to welcoming your camper!

-the Sunshine Nevada volunteers

Sunshine Nevada Organization 2023 CAMPER APPLICATION

Attach Camper Photo Here

Camp forms that must be **completed** and **returned** include:

1. CAMPER APPLICATION

2. CONSENT & AGREEMENT FORM

3. HEALTH INFORMATION

4. VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE, RULES AND REGULATIONS, RELEASE AND HOLD HARMLESS.

SNO accepts applications on a first come, first served basis. Please make sure to indicate which camp you are applying for so we may log your application accordingly.

☐ Camp Shine November 11
(program for young adults with autism or other developmental delays aged 18-25)

YOUNG ADULT (Camper) INFORMATION

Last Name _____ First _____ Middle _____

Age _____ Birth date ____/____/____ Male Female T Shirt Size: S M L XL XXL XXXL

Primary Address _____ Apt _____

City _____ State _____ Zip _____

PRIMARY DIAGNOSIS/MEDICAL CONDITION _____

PARENT/GUARDIAN/CONSERVATOR INFORMATION

Person (or facility) with whom camper lives:

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail: _____

Parent/Guardian (if different from above):

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail: _____

EMERGENCY CONTACT INFORMATION (MUST be other than Parent/Guardian)

If parent or other person listed above cannot be reached and camper must leave camp for any reason, notify and release to:

Primary Emergency Contact – Must be 18+

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Address: _____

Address

City

State

Zip

Secondary Emergency Contact – Must be 18+

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Address: _____

Address

City

State

Zip

IMPORTANT – PLEASE NOTE: Two Emergency Contacts are required for all campers. At least one of the above listed Emergency Contacts must be available and willing to accept the camper if there is a need for an early release from camp for any reason and the parent or guardian cannot be reached

CAMPER INFORMATION

BEHAVIOR (Information will be used to place your camper with the most appropriate staff. Please be very specific.)

Does the camper:

Have any apparent emotional problems or challenging behavioral patterns. If yes, please explain mark and provide as much details as possible. Attached additional sheets if needed.

☐ Heightened emotional responses (please describe) _____

- How often? __ Hourly __ Daily __ Weekly __ Less Often
- Severity:
 - __ Mild: Disruptive, little risk
 - __ Moderate: Occurs more often with increased risk
 - __ Severe: Significant threat to health or safety

☐ Aggression (please describe) _____

- How often? __ Hourly __ Daily __ Weekly __ Less Often
- Severity:
 - __ Mild: Disruptive, little risk
 - __ Moderate: Occurs more often with increased risk
 - __ Severe: Significant threat to health or safety

☐ Self-Injury (please describe) _____

- How often? __ Hourly __ Daily __ Weekly __ Less Often
- Severity:
 - __ Mild: Disruptive, little risk
 - __ Moderate: Occurs more often with increased risk
 - __ Severe: Significant threat to health or safety

☐ Running away or wandering from group(please describe) _____

- How often? __ Hourly __ Daily __ Weekly __ Less Often
- Severity:
 - __ Mild: Disruptive, little risk
 - __ Moderate: Occurs more often with increased risk
 - __ Severe: Significant threat to health or safety

☐ Situations in which the challenging behavior is more likely to occur?

Days/Times: _____

Settings/Activities: _____

Persons Present: _____

☐ What usually happens right before the challenging behavior?

☐ How do you typically respond to the challenging behaviors? Which strategies are successful in de-escalating the situation? (Please provide as many details/examples as possible)

- ☐ Which strategies will make the situation worse? (Ex. continuously speaking to camper, crowded environment) (Please provide as many details/examples as possible)

- ☐ Have any specific fears? If yes, please explain: _____

- ☐ Have any particular worries/concerns? If yes, please explain: _____

- ☐ Dislikes group activities? If so, what is the best way to integrate into group?

- ☐ Have specific sensory-related needs? (Calming tools, fidgets, frequent walks, weighted vests, etc.) (Please be specific)

- ☐ Use behavioral tools at home/school to help them be more successful? (Visual schedules, First, then statements, (Please be specific)

SPECIAL INTERESTS & FAVORITE THINGS.

Please be specific. This helps us initiate conversations with the camper on their favorite thing!

Sports _____ *Toys* _____

Games _____ *Comfort Items* _____

SPECIAL EQUIPMENT IMPORTANT: Camper should bring any of the items that he/she normally uses.

Does Camper use any of the following special equipment?

<input type="checkbox"/> Walker <input type="checkbox"/> Canes <input type="checkbox"/> Prosthetics <input type="checkbox"/> Leg/Body Braces <input type="checkbox"/> Other Orthopedic Equipment	<input type="checkbox"/> Respiratory Equipment <input type="checkbox"/> Catheter Equipment <input type="checkbox"/> Ostomy Equipment <input type="checkbox"/> Other	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Hearing Aid w/extra batteries <input type="checkbox"/> Helmet <input type="checkbox"/> Special Eating Utensils
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Please comment on any special care requirements or instructions for above listed equipment:

Mobility: Camper Walks

<input type="checkbox"/> Unaided <input type="checkbox"/> Canes <input type="checkbox"/> Prosthetics <input type="checkbox"/> Leg/Body Braces <input type="checkbox"/> Other Orthopedic Equipment	<input type="checkbox"/> With assistance <input type="checkbox"/> Catheter Equipment <input type="checkbox"/> Ostomy Equipment <input type="checkbox"/> Other	<input type="checkbox"/> With braces/cane/walker <input type="checkbox"/> Hearing Aid w/extra batteries <input type="checkbox"/> Shower/Toilet Chair <input type="checkbox"/> Helmet <input type="checkbox"/> Special Eating Utensils
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EATING, DRINKING & FOOD ALLERGIES

<u>Camper</u>	<input type="checkbox"/> Feeds Self	<input type="checkbox"/> With Fork	<input type="checkbox"/> With Spoon	<input type="checkbox"/> With Fingers
	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Partial – explain		
	<input type="checkbox"/> Usually eats one plateful	<input type="checkbox"/> More - explain		
		<input type="checkbox"/> Less - explain		
Requires:	<input type="checkbox"/> Food to be cut up	<input type="checkbox"/> Finely Chopped	<input type="checkbox"/> Pureed	
	<input type="checkbox"/> other - explain			
Drinks:	<input type="checkbox"/> With special cup (please send)	<input type="checkbox"/> With a straw	<input type="checkbox"/> Milk	<input type="checkbox"/> Water
	Any limitations - explain			
Other:	<input type="checkbox"/> Has special diet and or drink instructions/restrictions – explain			
	<input type="checkbox"/> Diabetic			
FOOD ALLERGIES (PLEASE BE VERY SPECIFIC):				

PERSONAL HYGIENE

Does Camper:

Have bladder control? ☐ Yes ☐ No
 Have bowel control? ☐ Yes ☐ No
 Wear diapers/pull-ups: ☐ Yes ☐ No

Please explain any special toileting routines or instructions:

GIRLS: Has the Camper menstruated? ☐ Yes ☐ No Does Camper require assistance? ☐ Yes ☐ No

CAMPER CARE INFORMATION

Does the Camper have a friend coming to camp? Yes ☐ No ☐

If so, please list their first and last name: _____
 (We will do our best to pair them accordingly)

Expressive (Talking):

- ☐ Verbal: Can participate and comprehend in conversational exchanges.
- ☐ Verbal: Limited, can express wants and needs.
- ☐ Non-Verbal: No expressive language
- ☐ Sign Language: __ Full Fluency __ Limited Fluency
- ☐ uses hands/points/gestures – explain: _____
- ☐ has special sign for “yes” and “no” – explain: _____
- ☐ uses communication board/ Augmentative device (If yes, please send to camp)
- ☐ speaks and/or understands language other than English? What language? _____

Receptive (Understanding):

Follows simple directions: ☐ Yes ☐ No ☐ Verbal ☐ Written ☐ Gestural

Uses visual schedule: ☐ Yes ☐ No ☐ Written ☐ Picture ☐ Object

Reading Skills: ☐ Basic ☐ Intermediate ☐ Advanced

Other/Explanation: _____

Please provide any additional information that might be helpful to us regarding your camper.

MEDICAL INFORMATION & IMMUNIZATION HISTORY/MEDICAL RELEASE FORM

HEALTH AND IMMUNIZATION HISTORY

Please notify us if the camper has been exposed to any communicable disease during the three weeks prior to camp attendance. PLEASE NOTE: Campers will be checked for temperatures upon arrival at check-in or camp. Those who are infected or have a fever will not be allowed to remain at camp. Campers who exhibit flu-like symptoms upon arrival or during their camp program will not be allowed to remain at camp.

INSURANCE INFORMATION

IMPORTANT – PLEASE NOTE: Campers must have their own insurance coverage in order to attend camp.

1. Is camper covered by Medicaid? _____ NO _____ YES Medicaid No. _____
2. Is camper covered by private medical insurance: _____ NO _____ YES
Name of Insurance Co.: _____ Policy No: _____
Please attach a copy of the insurance benefits card if applicable.

Camper's Name: _____ DOB: _____ SS# _____

Insurance Co: _____ Policy #: _____ Group #: _____

Name of person carrying insurance: _____

Camper's Doctor: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Psychologist/Neurologist: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Does your camper have any significant medical issues/concerns? _____ Yes _____ No

If yes, please describe: _____

ALLERGIES	REACTION <i>describe reaction and management of reaction</i>	Life Threatening?	
		YES	NO
Medication Allergies			
Food Allergies			
Other Allergies			

GENERAL HEALTH (Explain "Yes" answers in space provided below)

Has/does the camper:	YES	NO	Has/does the camper:	YES	NO
Had a recent injury?			Had psychiatric/psychological counseling?		
Had a recent illness/infectious disease?			Ever had psychiatric hospitalization?		
Have a chronic/recurring illness/condition?			Have a history of "faking" health issues?		
Been hospitalized in the past year?			Have asthma?		
Have menstrual problems?			Have diabetes?		
Have a chronic skin condition?			Have back problems?		
Have high blood pressure?			Other?		
Please explain all "YES" answers:					

CAMPER CONSENT AND AGREEMENT FORM

CAMPER'S NAME: _____

MEDICAL CARE, MEDICATIONS AND PROCEDURES: I/We give permission for licensed nursing personnel to administer prescribed and over-the-counter medications and procedures, consistent with the licensure of such nursing personnel as required and as reviewed by physician treatment orders, including but not limited to the treatment of constipation and the common cold, to the camper.

In the event of a need for emergency medical care:

I or the undersigned, parent(s)/guardian(s)/other person(s) having legal custody or conservatorship of

(CAMPER'S NAME) _____,

do hereby authorize any adult person into whose care said camper has been entrusted by a representative of Sunshine Nevada Organization, to act as my agent to consent to any x-ray examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care which is recommended by, and to be rendered under the general or special supervision of, a licensed nurse (RN) or physician and surgeon or dentist, whether such diagnosis and treatment is rendered at the doctor's office or at a hospital.

I /we understand that this authorization is given in advance of any specific diagnostic, treatment or hospital care being required, but is given to provide authority to a representative of Sunshine Nevada Organization to give consent to any and all such diagnosis, treatment or hospital care that a licensed doctor or dentist recommends.

This authorization shall remain effective throughout December 31, 2023, unless sooner revoked in writing and delivered to Sunshine Nevada Organization.

EMERGENCY RELEASE OF CAMPER: In the event that CAMPER must leave camp prior to the end of the camp session for any reason (including, but not limited to, earthquakes, inclement weather posing potential safety risks, staff illness or CAMPER behavioral issues) and I/we, (the parents, legal guardians or conservators) are unable to be contacted, permission is given to Sunshine Nevada Organization to release the CAMPER to the persons listed in the Sunshine Nevada Organization CAMPER Application under primary and secondary emergency contacts. I/we acknowledge that the person listed as primary and secondary contacts must be able to present proper identification to Sunshine Nevada Organization Camp Directors, matching his or her name before Sunshine Nevada Organization Camp Directors will release the CAMPER into his or her custody. All primary and secondary emergency contacts must be at least 18 years of age or older.

RELEASE OF INFORMATION: To the extent permitted by law, I/we give consent to Sunshine Nevada Organization to release any necessary information or documentation to agencies/organizations on behalf of the above named in response to an appropriate request therefore and appropriate assurances of privacy and confidentiality from the agency or organization requesting the information.

PERSONAL PROPERTY: I/we recognize that Sunshine Nevada Organization does not accept any responsibility for the care and safekeeping of the clothing and other personal property of the above-named CAMPER. I/we understand that any items I/CAMPER brings to the camp (including, but not limited to, cameras, athletic equipment or expensive clothing) are the responsibility of me/CAMPER, and Sunshine Nevada Organization is not responsible for lost items.

PHOTOGRAPHIC RELEASE: I/we hereby give our consent to Sunshine Nevada Organization to photograph and/or make video or audio recordings of the above named CAMPER (my/our son/daughter/charge), (an individual for whom I am an authorized representative) without limitation and to use such photographs, videotapes or audiotapes and my (camper's) (charge's) name, likeness and voice and/or any related stories ("Likeness") in connections with any of the work, programs, projects, fundraising or other endeavors of Sunshine Nevada Organization in any and all media, including without limitation, electronic or digital media, whether known or unknown at this time, forever worldwide and without restriction, without consideration or compensation of any kind. I release, discharge and hold harmless Sunshine Nevada Organization and its affiliates, including, without limitations, its officers, directors, shareholders, employees, agents and contractors ("Related Parties") from any and all claims and demands arising out of or in connection with the use of my (camper's) (charge's) likeness, including, slander, libel, invasion of privacy or publicity, and/or copyright infringement ("Release"). This Release applies to my heirs, legal representatives, and me and assigns and I/we do hereby release, discharge and hold harmless the Released Parties from any claim or demand whatsoever arising out of or in connection with such use. I/we hereby represent that I/we have the authority to grant the rights referenced herein.

CAMP ACTIVITIES: I/we hereby give consent for **CAMPER** listed above to attend the day camp and participate in the following camp activities, which may be offered at camp:

Please note, camp staff will carefully observe activity restrictions. **Please ensure that this box is marked if you want your CAMPER to participate in the corresponding activity while at camp.**

*Your **CAMPER** will not be permitted to participate in any activity for which the corresponding box **is not** marked.*

- ☐ Adaptive Sports & Recreational Games: *All activities are adapted to the ability level of each **CAMPER** and supervised and supported by camp staff as needed.*

AGREEMENT: I/we verify that the information included in this application has been filled in as completely as possible and that the information is true to the best of my/our knowledge.

Please sign in the appropriate area. We require the Signatures from the Parents/Guardians/Conservators AND the Young Adult over 18.

Parent /Guardian/ Conservator Signature _____ Date _____

Printed Name _____

Relationship to camper _____

AND

Young Adult Signature _____ Date _____

Printed Name _____

SUNSHINE NEVADA ORGANIZATION ACCEPTANCE CONDITIONS

____Initials/Photo Release: I hereby authorize Sunshine Nevada Organization and all Sunshine Nevada Organization Community Affiliates to use pictures of the camper taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). I hereby release Sunshine Nevada Organization, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings and causes for which the aforesaid photographs, digital images, videotape, motion picture, or testimonial may be used. It is also my understanding that I will receive no compensation for my likeness or testimonial. We may use photographs taken during camps on all Sunshine Nevada Organization publications and respectfully request you do not attend camp if you cannot initial this release.

____Initials/Consent: I approve this application and certify that the camper is capable of such an experience. I agree to notify the camp Nurse the camper/any member of my family attending camp is exposed to any communicable diseases during the three weeks prior to camp. I consent to the administration of first aid and routine care for the camper or me by camp staff, and that camp staff seek appropriate emergency room treatment if necessary. I give my approval for the camp nurse to contact my physician if necessary.

Parents and/or care providers or Emergency contacts will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral issue. Sunshine Nevada Organization reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided adequate support by Sunshine Nevada Organization. These decisions are made on an individual basis by camp administration staff.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW

I agree to the Acceptance Conditions above. Should it become necessary for the camper to leave the camp program for any reason, I will make provisions to pick up the camper in a timely manner. I hereby certify that to the best of my knowledge, all of the information contained in this application is true and complete.

I hereby authorize the release of all pertinent information regarding this camper to Sunshine Nevada Organization. I agree to notify Sunshine Nevada Organization of any changes that need to be made in this application before camp.

We require the Signatures from the Parents/Guardians/Conservators AND the Young Adult over 18.

Parent /Guardian/ Conservator Signature _____ Date _____

Printed Name _____

Relationship to camper _____

AND

Young Adult Signature _____ Date _____

Printed Name _____



**VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE
Individual (Camper), Parent, Guardian and Conservator: Please sign and initial
ONE RELEASE PER APPLICANT (PERSON)**

I, _____
(Please print name: Young Adult Camper)

And, _____
(Please print name: Parent/Guardian/Conservator)

Agree and authorize the camper _____
(Please print Young Adult Camper Name)

to participate in a Sunshine Nevada camp program between the dates of June 1, 2023 through December 31, 2023, where myself/the camper may participate in various activities such as but not limited to, adaptive sports and recreational games, swimming, arts & crafts, challenge courses, etc.

I understand that myself/the camper participation in the above-described activities (the “Activities”) will be voluntary and that these Activities may involve certain risks and dangers. Certain aspects of the Activities, and camping in general, are physical and may be dangerous. In addition, the hazards and risks of the Activities may include, but are not limited to, the following: traffic or other accidents while being transported to or from the Camp program and/or Activities; latent or apparent defects or problems in equipment provided by Sunshine Nevada Organization, other sponsors or outside service providers; acts of other participants in the Activities (including from the failure of other participants to follow instructions or obey safety regulations); weather conditions (including unforeseen, inclement or intemperate weather); consumption of food and drink; fire; first aid; emergency treatment or other services rendered. In consideration of being allowed to participate at Sunshine Nevada Organization and in these Activities, I hereby voluntarily on behalf myself/the camper and my/our respective heirs, executors, guardians, legal representatives, administrators and assigns (collectively, “Releasers”):

PLEASE INITIAL NEXT TO EACH NUMBERED ITEM

- ____ 1. Certify that myself/the camper is fully capable of participating in the Activities as authorized by me on the Consent and Agreement Form. I know of no reason, health-related or otherwise, why myself/the camper am not capable of participating in the Activities. I accept full responsibility for any injuries or illnesses that myself/the camper may suffer during the Activities, including but not limited to, those resulting from any pre-existing medical condition. In the event myself/the camper am under the care of a healthcare practitioner, I have consulted with that practitioner and obtained his or her consent to for participation in the Activities and hereby confirm to Sunshine Nevada Organization that my practitioner has approved myself/the camper’s participation in the Activities.
- ____ 2. Release, discharge, covenant not to sue, and waive any and all causes of action against Sunshine Nevada Organization, and their respective community affiliates, directors, officers, staff, insurers, campers, volunteers, agents and assigns (such organizations and their representatives are hereinafter collectively referred to as the “Released Parties”) from any and all liability or expense (including but not limited to attorneys fees) to the Releasers for any and all harm, loss, personal injury, property damage, or death, and any and all claims, actions, causes of action or demands therefore, that may arise during, or develop in the future as a result of myself/the campers participation in or attendance at the Activities, whether caused by the negligence of the Released Parties or otherwise. I agree that this release and waiver shall apply to any incident, injury, accident or death associated with the Activities.

3. Agree that under no circumstances will the Releasors prosecute, present or otherwise pursue any claim against or sue for personal injury, property damage, theft of property or wrongful death against any of the Released Parties arising from or relating to myself/the camper travel to any/or participation in the Activities and released in Section 2 hereof. Furthermore, I accept full responsibility to drive myself/the camper to and from camp program in a reliable vehicle and in an alert and responsible manner.
4. Understand that myself/the camper's participation in the Activities is entirely voluntary. I have been given the opportunity to talk to Sunshine Nevada Organization Directors/staff/volunteers about the Activities. With knowledge of the risks and dangers, which may include property damage, serious injury or death, I hereby agree to accept any and all such risks and dangers. Any injuries or other harm that myself/the camper incurs during or as a result of the Activities are my responsibility to be claimed through my health plan or paid by me in the absence of a plan or plan coverage.
5. Agree that if any claim for myself/the camper personal injury, property damage or wrongful death shall be prosecuted against any of the Released Parties resulting from or related to the Activities, I shall indemnify and hold harmless the Released Parties, and each of them, from any and all claims, actions, causes of action, loss, liability or expense (including but not limited to attorney fees) by whomever and wherever made or presented in connection with myself/the campers personal injuries, property damage or wrongful death.
6. I am not an agent of the Released Parties and no oral representations or promises have been made to me to sign this document. Nevada law governs this document; if any portion of this document is held invalid, it is agreed that the balance of it shall continue in full force. This agreement has no expiration.

I HAVE CAREFULLY READ AND FULLY UNDERTAND ALL PARTS OF THIS DOCUMENT. I UNDERSTAND IT IS A LEGALLY BINDING CONTRACT AND IT IS A RELEASE AND WAIVER OF CLAIMS OR RIGHTS TO FILE A LAWSUIT OR OTHERWISE RECOVER FROM THE RELEASED PARTIES, INCLUDING CLAIMS OF ANY SORT FOR BODILY INJURY, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I ASSUME ALL THE RISKS INHERENT IN THE ACTIVITIES MYSELF/THE CAMPER WILL PARTICIPATE IN; INCLUDING THE TRANSPORTATION RELATED TO THE CAMP PROGRAM AND ACTIVITIES AND ANY ACTIVITIES AS AN ADJUNCT THERETO. I HAVE VOLUNTARILY SIGNED MY NAME EVIDENCING MY ACCEPTANACE OF ALL THE TERMS CONTAINED IN THIS VOLUNTARY RELEASE, ASSUMPTION OF RISK AND AGREEMENT NOT TO SUE ON BEHALF OF MYSELF, MYSELF/THE CAMPER AND ALL RELEASORS.

**We require the Signatures from the Parents/Guardians/Conservators
AND the Young Adult over 18.**

Parent /Guardian/ Conservator Signature _____ Date _____

Printed Name _____

Relationship to camper _____

AND

Young Adult Signature _____ Date _____

Printed Name _____