



2019 Monterey Bay Aquarium Sleepover

EVENT REGISTRATION & RELEASE FORM

April 13-14, 2019

REGISTRATION DEADLINE: March 29, 2019

MAIL, E-Mail OR FAX THIS FORM BACK TO THE ALISA ANN RUCH BURN FOUNDATION:

911 H Street | Fresno, CA 93721 | ecorona@aarbf.org | Phone: 559-621-4016 | Fax: 818-848-0296

NAME OF PARTICIPANT: _____ AGE/ DATE OF BIRTH: _____/_____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

EMAIL: _____

IS THIS YOUR FIRST TIME ON THIS EVENT? YES NO

PLEASE CHOOSE A PICK-UP LOCATION:

SF/Oakland San Jose Sacramento Bakersfield Clovis

IN THE EVENT OF AN EMERGENCY NOTIFY:

NAME	TELEPHONE	RELATIONSHIP

MEDICAL INSURANCE:

COMPANY: _____ POLICY #: _____ GROUP#: _____

1. Will you take any type of medication during this event?

YES NO If yes, please detail the medication name, frequency and amount taken.

2. Do you require assistance with daily living tasks (eating, dressing), or have dietary restrictions or allergies?

YES NO If yes, please detail, and we will provide assistance to the best of our capacity.

We may not be able to accommodate all medical needs.

PARTICIPANT AND GUARDIAN CONTRACT

- I am aware that boating, rock-climbing, skiing, snowboarding, snowmobiling, hiking, mountain biking, water/paddle sports and other outdoor activities are hazardous sports that can result in serious injury, death or other damage. I accept the risks inherent in these activities and in the lake, mountains, trails and other environments for my child. I accept responsibilities for my child to be informed, to ski, snowboard, hike, mountain bike, swim and participate in such activities safely, to follow established safety guidelines, and to obey all posted behavior notices, rules and policies. I understand the nature of these activities and assume responsibility for my child's physical fitness and capability to perform the activities involved. I also assume responsibility for obtaining any medical examination relating to my child's physical capability and fully assume the risk of failing to obtain any said medical examination for my child.
- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, weapons or firearms will not be tolerated, and may result in my child's dismissal and/or prosecution. I am responsible for transportation from the event should my child be dismissed.
- In accordance with California Law, if my child is under the age of 8, I will provide an appropriate booster seat for safe transportation. I understand that the booster seat will be returned to me after the trip.
- While participating in this event, my child is expected to follow the directions of those assigned to his/her supervision.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my child's participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for my child's care in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary and is supplemental to my own health insurance.
- I understand that my cooperation and consideration of pick-up and drop-off times is required for my child to attend the Monterey Bay Aquarium trip and future AARBF events.

Participant Signature

Date

Parent or Guardian Signature

Date

PHOTOGRAPH/VIDEO RELEASE

The Alisa Ann Ruch Burn Foundation needs your help to provide burn prevention education and burn survivor assistance. You can help the AARBF to increase support for its valuable survivor programs like the Outdoor trip, by allowing us to use your child's photos for our website and publications. To do this, we need your authorization. Please check the box next to the appropriate answer and sign below.

Yes, I authorize the Alisa Ann Ruch Burn Foundation to use photograph and video for publication. I understand that my child's last name, the cause of my child's burns, and other sensitive personal information will not be revealed without my specific consent.

No, I do not want my child to be photographed or videotaped in any way.

Parent or Guardian Signature

Date