



The Retreat 2020

Name of Burn Survivor: _____ Age: _____

DOB: _____ Address: _____ Apt. # _____

City _____ Zip _____ Phone: _____ Cell _____

Email (required): _____ T-Shirt Size: _____ Gender M F (circle one)

Ethnicity: Asian Black/African American Native American White
 Hispanic Other: _____ Prefer Not to Answer

Emergency Phone Number

NAME	TELEPHONE NUMBER	RELATIONSHIP TO PARTICIPANT

Medical Information ** (Required) **

Insurance Company (required): _____ Policy #: _____ Group #: _____

1. Are **you**, or **will you** be taking any type of medication/narcotics during the dates of this event?

No Yes if yes, please list: _____

2. Do you use a wheelchair or have limited mobility that we should be aware of?

No Yes if yes, please explain: _____

3. Do you have any **special dietary restrictions** (i.e. vegetarian), if so, please explain?

Important: Only those that have included this information in the application will be provided with a vegetarian meal.

4. Are there any other medical needs, please explain? _____

Transportation Information

The Retreat will be held in Cambria, CA and participants are encouraged to use their own transportation. However, transportation assistance is available by request.

Please choose one of the following:

- I will be providing my own transportation
- I give consent for my information to be shared with other participants in order to carpool
(I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation when participating in carpooling)
- I would like to request transportation assistance from AARBF



The Retreat 2020

Agreement (Policy and Procedures)

- If I choose to use my own transportation, I understand that **I must stay at Camp Ocean Pines throughout the entire weekend.** I also understand that if I leave the premises without permission, this will result in dismissal.
- While participating in this event, I understand that unacceptable behavior, firearms, or **ANY** use of drugs or alcohol can result in dismissal. Participants that arrive under the influence of drugs, un-prescribed narcotics & medication or alcohol will be asked to leave. AARBF **reserves the right** to ask for proof to use prescribed narcotics and medications.
- While participating in this event, I understand that if any damages occur to the camp property caused by inappropriate actions, I may be held liable for the costs incurred and can result in dismissal.
- I understand that Camp Ocean Pines has a **NO** pet policy and I am restricted from bringing any animal (s) to camp.
- I am aware that **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 activity area, mountains, trails and other environments. I accept ALL outdoor activities and participate in such activities safely and to follow established safety guidelines. I understand the nature of these activities and assume responsibility for my physical fitness and capability to perform the activities involved. I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my 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 in the case of an emergency or illness. The insurance held by the Alisa Ann Ruch Burn Foundation is secondary, and is supplemental to my own health insurance. If I chose not include medical insurance information on this application, I hold myself responsible for payment of all medical procedures and hospitalization
- I understand that the Alisa Ann Ruch Burn Foundation or Camp Ocean Pines may not be able to accommodate all **medical needs, such as third trimester pregnancy and some forms of disabilities.**
- By signing this agreement, I recognize that I am **committing** to come to the RETREAT, I have read and understand the above statements and all information herein is true. **Registration** without payment will **NOT** be processed. If for some reason I am unable to attend, or if there are changes to my registration, it is my responsibility to contact the Alisa Ann Ruch Burn Foundation. I also understand that I will not be able to receive any reimbursement of fees for not attending.

Survivor's Signature

Print Name

Date

Photograph and Release

The Alisa Ann Ruch Burn Foundation needs your help and support in its work of providing educational programs about burn injuries. Often, as people become aware of how to prevent burns, they also want to support programs to help survivors of burn accidents. You can help our efforts to increase support for the valuable programs in which you participate. We need your authorization. Check next to the appropriate answer and then give your signature.

Yes, I provide consent for the Alisa Ann Ruch Burn Foundation to use photographs and video of the Retreat for use on the AARBF website, newsletter and Facebook page. I understand that my last name, the cause of my burns, and any other sensitive personal information will not be revealed without my specific consent.

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

Survivor's Signature (only)

Print Name

Date

MAIL OR FAX THESE FORMS AND \$25 BY Friday, February 7, 2020 TO:

Alisa Ann Ruch Burn Foundation

Daniel "Apollo" Chacon

911 H Street, Fresno, CA 93711

(415) 495-7223 ext. 18 / Fax: (818)848-0296

Email: dchacon@aarbf.org