



# Paint Night 2020

## Registration and Release Form

(the Paint Night is open to burn survivors ages 18+ and their immediate family living in the same household)

**Registration Due Date:** November 4, 2020

**Event Date:** November 12, 2020 @ 6:00 pm – 7:30 pm (via Zoom)

Name of Burn Survivor: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (required): \_\_\_\_\_

\_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email (required): \_\_\_\_\_ Gender: M F (circle one)

Have you (burn survivors/family) used the social media platform "Zoom" before?  YES  NO

If no, would you be interested in the Alisa Ann Ruch Burn Foundation teaching you?  YES  NO

**\* There will be a box of supplies shipped to the address listed above. These supplies will be used during the painting session!**

## Family Information

\*Adult Burn survivors may participate virtually with their spouse or domestic partner and/or children living in the same household.

NAME	RELATIONSHIP TO SURVIVOR (REQUIRED)	AGE

## Photography and Video 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 Paint Night 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.

Please mail, fax or email this form to McKenzie "Bubbles" Dern **before Wednesday, November 4, 2020!**

[mdern@aarbf.org](mailto:mdern@aarbf.org)

911 H St.

Fresno, CA 93712

Phone: (559) 286- 0710 ext. 15

Fax: (818) 848- 0296

## Participant Guidelines

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<p>1. The participant agrees to abide by the rules and regulations set by AARBF for the health, safety, and welfare of the participants (Please reference our Participant Code of Conduct Document).</p> <p>2. AARBF reserves the right to dismiss a participant whose conduct or influence is unsatisfactory, or is, in the opinion of AARBF, not in the best interest of the Retreat.</p> <p>3. My signature below states I agree to the terms checked on the photo release and code of conduct stated in this application.</p>	<p>4. I hereby agree to release the Alisa Ann Ruch Burn Foundation, all their officers, employees, agents, volunteers and representatives whatsoever, from any claims, cost, expense (including attorney fees) and/or damages which any of them may sustain or incur arising out of my participation in activities at the Women's Empowerment Webinar.</p> <p>5. I acknowledge all answers and information on the application to be true and correct.</p>
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## Participant Code of Conduct

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1. No abusive or foul language.
2. No Bullying. This includes, but is not limited to, name-calling, making threats, spreading rumors, or excluding someone from activities.
3. No smoking, vaping, or tobacco use of any type. No use of alcohol or drugs. Weapons are not to be used or shown during virtual camp.
4. No obscene or inappropriate sharing of images, videos or content.
5. Listen to staff. Be respectful and pay attention.
6. Be respectful of the rights, privacy and property of others.
7. Dress appropriately.
8. Abide by all local, state and federal laws. If the participant displays disruptive or harmful behavior, every effort will be made to address the behavior and to work with the participant. If the participant's behavior does not change after counseling, and support, it will result in the participant being discharged from the retreat. Participants who are discharged due to behavior issues might result in not being invited back.

I have read this contract and I understand what it means. I promise to obey the rules and I understand that if I fail to obey the rules, I may be discharged from the retreat and may not be invited back or may not be invited to future AARBF events. I understand that I will be held liable for any damages incurred by myself if this code of conduct is not followed.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Family Member: \_\_\_\_\_

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