



WHISPERING WINDS WAIVER & GENERAL RELEASE

Whispering Winds Catholic Conference Center, Inc. ("WW") is a non-profit corporation that owns and operates the Whispering Winds Camp, 17606 Harrison Park Road, Julian, California 92036. In order to keep our operating costs reasonable, we ask all visitors, guests, volunteers and users of the camp, and the parents of all minor camp users, to sign this Waiver & General Release ("Agreement"). By signing this Agreement, you are waiving and generally releasing all present and future claims against WW, except for claims arising out of the gross negligence or intentional misconduct of WW.

1. Definitions:

- a. "Associated Persons" means present and former officers, directors, shareholders, partners, members, employees, agents, volunteers, accountants, attorneys, insurance carriers, trustees, beneficiaries, executors, administrators, heirs, predecessors-in-interest, and successors-in-interest. "Associated Entities" means affiliated entities, contractors, subcontractors, material suppliers, and professionals (collectively "AP&AE").
- b. "Claims" shall include all claims, rights, demands, damages, liabilities, and causes of action (whether asserted, unasserted, known, unknown, contingent, accrued, or otherwise).
- c. "Costs" shall include all costs, losses, expenses, attorneys' fees, expert witness fees and other fees, interest, and all other obligations.

2. Waiver and General Release:

On behalf of myself and my AP&AE, (i) I waive all present and future Claims and Costs against WW and its AP&AE, and (ii) I generally release WW and its AP&AE from all present and future Claims and Costs, arising out of or related in any way to my presence on or use of the WW camp, or participation in programs, excepting only such Claims and Costs arising solely and exclusively from WW's gross negligence, or knowing and intentional unlawful conduct.

3. Waiver of Civil Code Section 1542:

I acknowledge that the above Waiver and General Release includes Claims and Costs which I do not know or suspect to exist, and I waive all rights which may exist under California Civil Code Section 1542 which provides as follows:
A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

4. Photo Release:

I grant WW permission to use my name, likeness, photograph, and voice for all purposes, and without compensation to me.

Participant

Participant Signature: _____ **Print Name:** _____

Address: _____ **Date:** _____ **Tel:** _____

Signature of Parent or Legal Guardian (if Participant under 18): _____

Print Parent Name: _____ **Date:** _____ **Tel:** _____

(One release per adult; for multiple minors in one family, complete page 2.)

Authorization:

My child has my permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by WW to order X-rays, routine tests, and treatment; to release records necessary for insurance purposes; and to arrange necessary transportation for my child if I cannot be reached in an emergency. I give permission to the physician selected by WW to administer treatment, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes. I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance.



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Additional Minor (under 18) Participant(s) in Family

Minor Signature: _____

Print Name: _____ Date: _____

Minor Signature: _____

Print Name: _____ Date: _____

Minor Signature: _____

Print Name: _____ Date: _____

Minor Signature: _____

Print Name: _____ Date: _____

Minor Signature: _____

Print Name: _____ Date: _____

Minor Signature: _____

Print Name: _____ Date: _____

Parent or Legal Guardian

Signature: _____ Date: _____

Print Parent Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Tel: _____

Authorization:

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CATHOLIC CONFERENCE CENTER

Medical History and Release Form for Minors

Child's Name: _____ Birth date: _____ Sex: ____ Age: ____
First Middle Last

Parent or Guardian: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Second Parent or Guardian: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Emergency Contact Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____
Optional

Please be aware of my child's physical condition:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye, Ear, Nose, Throat issues |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Epilepsy | |

Please Explain _____

Allergies:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Poison Oak/Ivy | <input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Bees | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Other insects/animals | <input type="checkbox"/> Other Food |

Please List _____

Please List _____

My Child has the following Medical Concerns / Limitations:

- | | |
|--|---|
| <input type="checkbox"/> Chronic Illness / Injury: _____ | <input type="checkbox"/> Other concerns: _____ |
| <input type="checkbox"/> Activity Restrictions: _____ | <input type="checkbox"/> Current Medications: _____ |
| <input type="checkbox"/> Dietary Restrictions: _____ | _____ |

My child may be given over the counter medications (Tylenol, Advil, Benadryl, etc):

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Please contact me first! | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Other suggestions, documents or health-related information for camp personnel: _____

Additional document(s) attached? _____
Check if yes

Immunization History: Please give date of last immunization or attach a copy of the record.

Diphtheria, Tetanus, Pertusis (DPT) _____	Polio _____	Flu _____
Haemophilus Influenzae type b (Hib) _____	Hepatitis A _____	Meningococcal _____
Measles, Mumps, Rubella (MMR) _____	Hepatitis B _____	Varicella _____
Pneumococcal _____	Chicken Pox _____	

Name of Physician: _____ Phone: () _____

Family Health Insurance Carrier: _____ Policy #: _____

Authorization:

This health history is correct to the best of my knowledge. My child has permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by the camp administration to order X-Rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child if I cannot be reached in an emergency. I give permission to the health professional selected by the camp administration to secure and administer treatment for my child, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes.

I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance. I agree to pick up my child at anytime from camp if asked to by camp administration.

Signature of Parent/Guardian: _____ Date: _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of Minor: _____ Date: _____