

## SoHumane Responsible Pet Ownership Summer Camp

SoHumane (SOHS) hosts a Responsible Pet Ownership Summer Camp at its facility in Medford, Oregon.

*The session is for 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> graders (in the upcoming school year) July 22-July 26, 2019 from 10:00am to noon. The cost is \$75.00 for this one week session.*

To be eligible to attend Camp, participants must complete in full, this Registration Form including the Medical Release, Medical Care Authorization, Waiver and Release of Liability from SoHumane and Method of Payment.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ What Grade in the Fall: \_\_\_\_\_

How did you hear about SoHumane Camp? \_\_\_\_\_

Is this your first visit to SoHumane? Yes \_\_\_\_\_ No \_\_\_\_\_

Why are you interested in Responsible Pet Ownership Camp: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (Primary):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

MEDICAL INFORMATION

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Person's Phone: (\_\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other (bee stings, etc.): \_\_\_\_\_

Is an Epi-pen required for any allergy? (If so, it is the Participants responsibility to bring the Epi-pen with them to Camp)  
Yes \_\_\_\_\_ No \_\_\_\_\_

List any Special Needs: \_\_\_\_\_

RELEASE OF LIABILITY

I hereby release and hold harmless SOHS, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this Camp Program and any travel/transportation related to this Camp Program, whether paid for by myself or by SOHS. I understand that this release and indemnification releases liability for the conduct of SOHS and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

PHOTO RELEASE

The undersigned gives permission to SOHS to use photographs and audio and/or video recordings of the Responsible Pet Ownership Camp Participant for fundraising and/or marketing purposes. On occasion, with permission, Participant photographs may be included in promotional videos, websites and/or newsletters. SOHS respects the privacy of its Responsible Pet Ownership Camp Participants and does not allow unauthorized visitors to photograph or video the camp or its Participants.

PARTICIPATION CONSENT

The undersigned consents to participate in any and all activities, held during Responsible Pet Ownership Camp, except those specifically prohibited by the Participant's physician.

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

The undersigned gives permission for the Participant to participate in any and all activities at Responsible Pet Ownership Camp, except those specifically prohibited by the participant's physician or parent/legal guardian).

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

METHOD OF PAYMENT: (Please Circle)

Visa      MasterCard      Cash      Check (Please make check out to SOHS)

Cardholder Name \_\_\_\_\_ Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 Digit Code on Back of Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder Signature \_\_\_\_\_