

## Family Camp Registration Form September 20 - 22, 2019

**Mail this form and the attached waiver back to the Eastern PA Hemophilia Foundation or email to [lindsayf@hemophiliasupport.org](mailto:lindsayf@hemophiliasupport.org)**

**Each family can bring a maximum of 6 people to camp.**

Persons with hemophilia/vWD who will be attending the weekend:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ HTC: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ HTC: \_\_\_\_\_

Parent (s) or Guardian(s) who will be attending the weekend:

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

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

Other family members who will be attending the weekend (*restricted to siblings*):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family mailing address:

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

**Note: At least one parent or adult guardian must accompany children. All family members will sleep in one cabin, but you may be asked to share your cabin with others, depending on the number of people coming.**

**Registration deadline is September 6, 2019 or until the cabins are full.**

## Eastern Pennsylvania Hemophilia Foundation (EPC) Family Camp 2019

### **\*\*Release of Liability – Read Before Signing\*\***

In consideration of being allowed to attend EPC's Family Camp for 2018 and to participate in various Camp activities, by signing below I acknowledge and agree that:

1. There is a risk of injury associated with attending the Camp and participating in Camp activities; and
2. I knowingly and freely assume all such risks, and assume full responsibility for my attendance at the Camp and participation in Camp activities; and
3. I willingly agree to comply with the stated and customary terms and conditions for attendance at the Camp and participation in Camp activities; and
4. I understand and agree that EPC, in its sole discretion, has the right to determine who may attend the Camp and participate in Camp activities; and
5. I hereby grant the EPC and its directors, officers, members, agents and other representatives, full authority to take whatever action they consider to be warranted regarding my health and safety, or for the health and safety of other participants, including asking that I immediately leave the Camp without disruption, and I fully release all of them from any liability for such actions taken on my behalf; and
6. I hereby, for myself, my heirs, executors, administrators and assigns forever remise, release and discharge the EPC and its successors and assigns, directors, officers, members, agents and representatives and employees and their heirs, executors, administrators, and assigns, from any and all manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against the EPC or its directors, officers, members, agents or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me which may occur during or by reason of my attendance at Camp or participation in Camp activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

*\*\*Note: All adults attending camp must sign the waiver\*\**

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Participant's Signature

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Participant's Signature

#### **2019 Family Camp Requirements:**

- **The weekend is for children with bleeding disorders, under the age of 18, and their immediate family members.** Bleeding disorders include hemophilia, von Willebrand Disease, and other factor deficiencies.
- **Each family can bring a maximum of 6 people to camp. Each family must complete their OWN application.** Multiple families on one application will not be accepted.
- **The Hemophilia Treatment Center (HTC) for each patient MUST be listed for the application to be considered. Patients must be seen at one of the 6 Treatment Centers in our coverage area.** These treatment centers include: Children's Hospital of Philadelphia, St. Christopher's Hospital for Children, Hospital of the University of Pennsylvania, Thomas Jefferson University Hospital, Penn State Hershey Medical Center, and Lehigh Valley Health Network. **EPC will be verifying patient status with each treatment center.**
- **Everyone who registers is expected to stay the entire weekend. No Saturday only visits.**
- **Please do not cancel once registered unless it is a true emergency because this event has limited space.** If you are unable to attend, please contact the Chapter immediately. Registering, not showing up, and not corresponding with the Chapter will affect your ability to attend this event in the future.

