

**Unitarian Universalist Community of El Paso (UUCEP)**  
**Minor Sponsorship Policy and**  
**Sponsorship Form for Camp Thunderbird**

The UUCEP Thunderboard has formulated the following policies for minors attending Camp Thunderbird without their parents. The UUCEP Thunderboard has full responsibility for interpretation and administration of these policies.

Camp Thunderbird is meant to be a family camp experience; however UUCEP and the Thunderboard recognize that some situations may arise when it becomes necessary for minors to attend without their parents. We wish to provide a safe and enjoyable camp experience for all. It is for these reasons this policy has been developed.

1. Anyone under the age of 18 attending Camp Thunderbird without their parents must be sponsored by an adult who is at least 21 years of age. This Sponsor is responsible for them at all times during camp.
2. Parents and Sponsors must sign a written agreement authorizing the Sponsor to supervise and make decisions on behalf of the child. Parents must also sign a Liability Release Form and Medical Power of Attorney. All completed documents must be provided to the Camp Manager prior to the first day of camp.
3. If a Sponsor leaves camp without their sponsored campers then another adult must be designated as responsible for the duration of their absence. While the older kids, especially the teens may not require constant supervision, there must always be someone available in case an accident, illness or problem occurs.
4. Sponsors may take no more than 2 minors that are not their family members.
5. If no chaperone is available to sleep in each of the teen's rooms, minors must stay with their parents / sponsors at night. Generally, children under the age of 10 should sleep in their parent's / sponsor's cabin or tent. Exceptions can be made if the teen cabin chaperone(s) agree. Boys and girls will sleep in separate rooms of the teen cabin.

6. If any camper causes problems in the teen cabin, then the chaperone may determine that the camper must stay with their parents / sponsors the remainder of camp.

The Sponsor named below agrees to be responsible for the below named minor for the duration of their visit to Camp Thunderbird. The Sponsor, Parent and Minor acknowledge receipt of a copy of the Camp Thunderbird Minor Sponsorship Policy and agree to the terms specified within.

Minor's full name: \_\_\_\_\_ Date of  
birth: \_\_\_\_\_

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

Name of Sponsor: \_\_\_\_\_

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

Name of Parent / Legal Guardian:  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date:

# LIABILITY RELEASE FORM

In consideration of being permitted to utilize the facilities, services and programs of the **Unitarian Universalist Community of El Paso (UUCEP)** (or for my children to so participate) for any purpose, the undersigned is aware of the different types of activities, equipment, and facilities offered by the organization, and is aware of the risks inherent in the participation in such activities and use of such equipment and facilities.

In further consideration of being permitted to participate in Camp Thunderbird, the undersigned hereby agrees to the following:

1. The undersigned on his or her behalf and behalf of such children, hereby releases, waives, discharges and covenants not to sue the **UUCEP**, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with **UUCEP**.

2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the premises or in any way observing or using any facilities or equipment of the organization or participating in any program whether caused by the negligence of the releasees or otherwise.

3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with **UUCEP**.

The undersigned further expressly agrees that the foregoing release waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the States of Texas and New Mexico and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I have read and understand this document and release.**

Date: \_\_\_\_\_ Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Name(s) of children attending:

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

**NOTARIZATION:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 2014

Name of parent: \_\_\_\_\_

Personally appeared before me in \_\_\_\_\_ County, in the state of \_\_\_\_\_

and, in my presence signed this liability release form.

Name of Notary Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

## *Medical Release Form*

Parent/Legal Guardian's Name: \_\_\_\_\_

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

Phone #s: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Other (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Children's Names	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

Phone #s: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Or contact: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

Phone #s: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Phone #s: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

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

Phone #s: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_  
Phone #s: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child/children: \_\_\_\_\_  
ID #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_  
Phone #s: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child/children: \_\_\_\_\_  
ID #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

**Statement of Consent:** *(To be signed in the presence of a legalized notary public.)*

*In the event of an emergency or non-emergency situation requiring medical treatment, I, \_\_\_\_\_, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.*

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

**Notarization:**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(date) (month) (year) (name of parent)  
personally appeared before me in \_\_\_\_\_ County (in the state of \_\_\_\_\_)

and, in my presence, signed this medical release form.

Name of Notary Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_