



# Lark Camp Music & Dance Celebration

## Guardian Forms

**Return By Mail By July 1, and provide guardian with a copy to bring to camp.**

These forms must be filled out and returned to Lark Camp by a parent or legal guardian before July 1 in order for your minor child to attend Lark Camp. **A set of these documents also need to be in possession of the child's guardian during camp.** Please fill out and return a set of signed documents to us and have the person that is the guardian at camp fill out and return the section regarding their responsibility. **Any minor without these forms on file will not be allowed to enter camp. No refunds.** Guardians must be at least 21 years old.

### Lark Camp Minor Release Form

I am the parent or legal guardian of \_\_\_\_\_, and I hereby grant permission for my minor child to participate in Lark Camp. I do assume any and all risks that might be associated with the activities that my child may be involved in at Lark Camp. I release Lark Camp, Lark In The Morning and all camp directors and staff from any and all liability due to any accident or injury which may result during my child's participation in this camp. My child will attend the Lark Camp under the guardianship of: \_\_\_\_\_. I hereby grant permission for first aid to be administered to my child in the event that it becomes necessary. I also grant the guardian authority to act in my place and with the same authority as myself during the course of the camp, including the right to approve or decline emergency or other medical care in the event that I cannot be reached by the guardian or camp staff. I authorize the guardian or Lark Camp staff to seek medical diagnosis and/or treatment, when they deem necessary, at any appropriate hospital or other medical facility. I authorize physicians and nurses to perform any diagnostic procedures, treatment procedures and operative procedures to my child. Any medical care treatment that is to be provided beyond emergency first aid shall be done solely on the advice and direction of a licensed physician or other licensed medical care practitioner. I assume financial responsibility for all medical treatment that is provided. Known allergies, medical problems, or medications currently taken by my child are as follows:

I, the undersigned, hereby grant permission to the medical personnel selected by the guardian or Lark Camp staff to order the necessary treatment for my child in the event of an emergency. I also grant permission to the physician selected by the guardian or Lark Camp staff to secure proper treatment for injection and/or anesthesia, and/or surgery for my child as named above. In addition, I authorize the medical facility which has provided the treatment to the above named child, to surrender custody of said minor to the guardian or Lark Camp staff upon completion of treatment. This form may be photocopied for off site use.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate contact person and number in case of emergency: \_\_\_\_\_

Name and policy number for child's medical insurance provider \_\_\_\_\_

### **To be completed by minor participant.**

I agree to follow the instructions and directions given to me by the camp staff and my guardian.

Signature of Minor Participant \_\_\_\_\_ Date \_\_\_\_\_

Forms must be returned by July 1 to: Lark Camp PO Box 1176 Mendocino, CA 95460 (707) 964-5569; email registration@larkcamp.com

## **Lark Camp Emergency Contact Information - Return By Mail By July 1, and provide guardian with a copy to keep with them at camp. To be filled out by parent or legal guardian.**

Minor Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M\_\_ F\_\_ Birthdate \_\_\_\_\_

Parent Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship To Participant \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_ Policy/MR # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

### Comments:

Forms must be returned by July 1, to: Lark Camp PO Box 1176 Mendocino, CA 95460 (707) 964-5569; email registration@larkcamp.com

## **Lark Camp Guardian Agreement Form - Return By Mail By July 1, and provide guardian with a copy to keep with them at camp. To be filled out by guardian attending Lark Camp.**

I assume full responsibility to make decisions necessary to the well-being of \_\_\_\_\_, the minor child for whom I will act as guardian at Lark Camp. I also agree to assume full responsibility for his/her actions and medical situations at Lark Camp. I understand that if the minor does not follow acceptable behavior, as established by the camp staff and directors, I will be responsible for the minor leaving camp.

Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone#s \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# This Waiver Form To Be Filled Out And Turned In On Your Arrival At Camp One Per Person (parents fill out one waiver form per child) *Do Not Mail This Form In*

## Accident Waiver And Release Of Liability

I have been fully informed or have personally inspected the Mendocino Woodlands Camp Facilities, where the Lark Camp events take place, and I know them to be located in a natural redwood forest. I understand that in the camp itself, as well as the forest area around the Mendocino Woodlands Camp there are natural streams, ponds, holes in the ground, both obscured and unobscured, hills, trees, rocks, insects, animals and other potential hazards common to any natural forested area. Further, I understand that this area remains, to a large extent, in its natural state and I hereby agree to assume the risk of any personal injury or property damage that may occur from any natural condition or conditions common to the forest area in and around the Mendocino Woodlands Camp. I further acknowledge that this musical/cultural event can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by lack of hydration, sleep deprivation, terrain, facilities, temperature, weather, physical condition of participants, equipment, vehicular traffic, and actions of other people, including, but not limited to, participants, volunteers, spectators, instructors, event officials, event monitors, and/or producers of the event. These risks are not only inherent to the instruction, learning and performance of folk music and folk dancing, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from the use, by myself, or others, of dangerous or defective musical instruments, the use of musical instruments in a manner for which the instrument was not specifically designed, from equipment or property owned, maintained or controlled by persons other than myself, even those whose possible liability might arise without fault or negligence on anyone's part.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application (and/or my child(ren)'s application) and permitting me (and/or my child(ren)) to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I hereby Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me, or to my children, including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Mendocino Woodlands Camp Association, Lark Camp, Lark In The Morning, or the State of California, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) I hereby Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, field recording or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand it's content.

The undersigned parent or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

Signature X \_\_\_\_\_ (if camper is minor, parent or guardian signature)

If camper is under 18 years of age, fill out this section:

Parent name & phone# \_\_\_\_\_

Camper's Age \_\_\_\_\_ Guardian \_\_\_\_\_

**Lark Camp**  
PO Box 1176  
Mendocino, CA 95460

## *To Be Completed By Lark Staff*

Camper Nights \_\_\_\_\_

Staff Initials \_\_\_\_\_

BEFORE USING THESE FORMS MAKE SURE TO READ OUR TERMS OF REGISTRATION,  
REGARDING REFUNDS, DEPOSITS AND MUCH MORE.

BY USING THESE FORMS YOU ARE AGREEING TO THOSE TERMS.

[HTTPS://WWW.LARKCAMP.COM/CAMPTERMS.HTM](https://www.larkcamp.com/campterms.htm)

NEW

REGARDING AREA A

THE MEADOW CAMP ONE

MEDICAL AIR EVACUATION

IN THE UNLIKELY EVENT THAT A MEDICAL AIR EVACUATION IS NEEDED TENT AREA A,  
THE MEADOW IN CAMP ONE, IS THE DESIGNATED EMERGENCY HELICOPTER LANDING  
AREA AT THE MENDOCINO WOODLANDS. ONLY TENTS WITH LIGHTWEIGHT FRAMES  
WILL BE ALLOWED IN AREA A. IF LARK CAMP IS NOTIFIED TO CLEAR THE MEADOW  
FOR EMERGENCY HELICOPTER LANDING, ALL AVAILABLE CAMPERS WILL PULL ALL THE  
TENTS AND CONTENTS WITHIN 15 MINUTES TO THE SIDE OF THE MEADOW. BY CAMP-  
ING IN AREA A YOU ACCEPT THE RISK OF POSSIBLE DAMAGE TO YOUR PROPERTY IN  
THE EVENT OF AN EMERGENCY, AND WILL NOT HOLD LARK CAMP OR THE MENDOCINO  
WOODLANDS CAMP ASSOCIATION OR EMERGENCY RESPONDERS OR GOOD SAMARITANS  
RESPONSIBLE.