

Privacy Policies

- FOR ALL PARTICIPANTS:** I have received a copy of the Notice of Privacy Practices and hereby consent to participation in services and for the use and/or disclosure of information to carry out treatment, payment, and health care operations. I acknowledge that no explicit or implied guarantees have been made to me or my family as to the result of participation in services. I understand that services cannot be provided unless I sign this consent form. I also understand that I have the right to participate in setting goals for my participation in services and that I may discontinue services at any time but agree not to hold The Up Center liable for any adverse consequences arising out of discontinuing services. In case of medical emergency, I authorize the staff to arrange appropriate emergency medical treatment for myself or any individual for who I have authorized services.

- ADDITIONALLY, FOR PARTICIPANTS IN GROUP SERVICES ONLY:** I understand that group participants must respect the privacy and confidentiality of each other and that information should stay within the group. I agree not to reveal the identity or personal information of other group members.

Signature of Client 14-17 years of age

Date

Signature of Parent or Legal Guardian of Minors

Date

Signature of Adult Client or Legal Representative

Date

Witness signature

Date

If you are the legal representative of the person listed above, please check off the basis for your authority:

- Power of Attorney (attach copy)
- Guardianship Order (attach copy)
- Parent of Minor
- Other

Camper Name: _____

Date of Birth: _____ SS# _____ Phone: _____

Home Address:

Street City State Zip code

Acknowledgements

Camp Horizon Policies & Procedures
Camp Horizon Rights & Responsibilities

Please read Camp Horizon Policies & Procedures and Camp Horizon Program Rights & Responsibilities, included with camp application materials on our website before signing below

I have read and understood the Camp Horizon Policies & Procedures and Camp Horizon Rights and Responsibilities, and/or they have been explained to the applicant to the best of their understanding.

Adult Camper Signature (if own guardian) Date

Parent (if camper is under age 18) or Legal Guardian (print name) Relationship to Camper

Parent or Legal Guardian (Signature) Date

Consent to Restraint Policy

The Up Center - Camp Horizon

The Up Center endorses a “hands off” policy of behavior management. However, we also must take steps to ensure safety if campers are in imminent danger of harm to self or others. In the event that a camper is at imminent risk of harm to self or others AND no other methods are available to protect the safety of the camper and/or others, the camper may be physically restrained using the manual restraint techniques of the Crisis Prevention Institute as applied by qualified staff certified in Non-violent Crisis Intervention. Should a restraint occur, the parent/legal guardian will be notified immediately. The parent/legal guardian will also have the opportunity for an official debriefing within 48 hours, and a written incident report documenting the event will be completed. The incident report will be reviewed by the Agency’s management team to ensure that proper procedures were followed. The incident report and management review will be kept on file for three years.

I authorize staff of The Up Center to use manual restraint techniques when necessary to prevent harm to myself/my child and/or others.

Adult Camper Date Witness Date

Parent of Legal Guardian of a Minor Child Relationship Date

Releases

BOTH of the following statements MUST BE SIGNED.

1. This application has my approval. While The Up Center and Camp Horizon will take every reasonable precaution, it is agreed that the agency and the camp are not legally responsible for any accidents, incidents or injuries that may occur during the camp session, assumes no responsibility for applicant's personal property and is released from liability for any accident, incident or injury except as may be covered by camper's insurance. Applicant has my permission to engage in all camp activities, including transportation as deemed necessary, except as noted by myself or physician.

Parent/Guardian/Adult Camper _____ Date _____

2. The undersigned hereby authorizes and grants permission to any licensed physician designated by The Up Center to treat or to perform any emergency operation if the person/child's condition would be jeopardized by any delay in providing such treatment or performing such operation. The undersigned further authorizes the performances of any necessary dental work on himself/herself or child or ward.

Parent/Guardian/Adult Camper _____ Date _____



Media Consent / Release Form

I hereby agree as follows and I grant The Up Center, its assigns, successors, officers, directors, employees, agents, and those acting with its authority and permission:

1. The unrestricted right, permission and licensure to use, re-use, and republish my name, likeness, voice, photographic and video graphic portraits or pictures of me, work created by me (such as art or poetry), and audio recordings of my voice or in which I may be included, made through any and all media now or hereafter known for any purpose consistent with The Up Center’s business, advertising, and publicity promoting and supporting the agency and the program in which I participate;
2. I also permit the use of any printed material in connection therewith;
3. I hereby relinquish any right that I may have to examine or approve the completed product(s) or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied;
4. I hereby assign all rights, title and interest I may have in any copyright product(s), advertising copy or printed matter;
5. I hereby waive any right to compensation for the rights and uses as described herein to which I have agreed and granted.

I have read the above statement and am familiar with its contents and I understand that signing this Media Consent/Release Form is voluntary and will not interfere with my association with The Up Center or the provision of services. I further understand that if I voluntarily or inadvertently disclose confidential information about myself or others to the media, The Up Center will not be held liable.

Printed name of participant/representative:

Signature of participant/representative (or **parent or legal guardian**):

Media Consent/Release Form must be signed *only* by parent/legal guardian if participant is under 18 years of age or if participant is an adult under legal guardianship.

I understand that I may revoke this consent at any time by providing a written revocation to: The Up Center, Attn: Marketing, 150 Boush Street, Suite 500, Norfolk, VA 23510. Such revocation will not apply to any information previously released while my consent was active.

Official Use Only: Program/Department (To be completed by agency representative): _____