



"A John Muir Immersion Experience"



Dear John Muir Mountain Day Camp Family,

This summer John Muir Mountain Day Camp is celebrating its 19<sup>th</sup> year of camp! We are excited that your family will be participating in our celebration.

The registration packet includes:

1. This informational letter
2. Participation Agreement, Release and Assumption of Risk
3. John Muir Association Release Form
4. Camp Photo Release Form
5. Medical Consent Form
6. National Park Service Release Form

It is very important that you read each page carefully and return the following immediately (one week after registration). We need to have a hard copy for legal reasons.

Please print, complete and mail forms to John Muir Mountain Day Camp, 918 Meadowvale Ct., Martinez, CA 94553. Note: be sure to include an email address that you check daily. Correspondence regarding camp is sent via email.

We want to be prepared to meet any special needs your child may have. Please let us know about any allergies, physical or emotional special needs and be sure to list the **best** phone number where we can contact you during the day if necessary.

**In an emergency, call the John Muir National Historic Site at (925) 228-8860.** They will get important messages to us. In keeping with the spirit of Camp, we prefer not to use our cell phones while Camp is in session unless absolutely necessary. Thank you.

Campers will need to bring the following on the first day.

A small daypack with these items inside:

- 3" x 5" card with emergency contact and allergy information (CRUCIAL)
- Sunscreen
- Hat and sunglasses
- One snack and a lunch for each day
- A refillable bottle of water
- 2 pencils

Campers should wear shoes, NOT sandals

**It is mandatory to wear the Camp T-shirt each day.**

Thank you,  
John Muir Mountain Day Camp

Jill Harcke  
Director  
510-701-3254 cell  
info@muircamp.org



John Muir Mountain Day Camp  
PARTICIPATION AGREEMENT, RELEASE  
AND ASSUMPTION OF RISK 2024  
(Must be completed for participants under the age of 18)



I hereby certify that the child/children listed below (“Child”) is physically fit to participate in the **John Muir Mountain Day Camp** program (“Camp”) at the John Muir National Historic Site and all associated on-site and off-site activities. In consideration of acceptance of Child’s participation in Camp, and recognizing that there are certain inherent risk associated with participating in an activity of this type, I agree, on behalf of Child and my spouse to assume that risk and indemnify, waive, release, and hold harmless any of the Camp Organizers including Camp sponsors, directors, counselors and volunteers, the John Muir Association, the National Park Service, their directors, managers, officers, employees, representatives, agents, heirs and assigns from any and all claims for damages arising from or out of Child’s participation in and travel to and from Camp and any and all associated activities including shuttle transportation. I agree to assume all responsibility for Child’s medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring in my child’s participation in Camp.

I acknowledge that Camp entails known and unanticipated risks that could result in physical or emotional injury to Child, to property, or to third parties. It is acknowledged that Child will be in an outdoor, rustic environment with the inherent dangers and risks associated with camp activities, which include, but are not limited to: exposure to sun and wind; insect bites; exposure to dust, pollen, weeds, animals, food products, and other allergens; and slips and falls. I expressly agree and promise to accept and assume all of the risks of any nature and kind associated with Child’s participation in Camp. Child’s participation in this activity is purely voluntary, and Child elects to participate in spite of the risks. Furthermore, Camp Organizers may not be aware of Child’s fitness or abilities. They might misjudge the weather or other environmental conditions or give incomplete warnings or instructions.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp Organizers from any and all claims, demands, or causes of action, which are in any way connected with Child’s participation in this activity, **including any such claims which allege negligent acts or omissions of Camp Organizers or any individual, group or organization associated with Camp.** Should Camp Organizers or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I certify that I have adequate insurance to cover any injury or damage Child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition Child may have.

In the event that I file a lawsuit against Camp Organizers, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during Child’s participation in Camp, I may be found by a court of law to have waived my right to maintain a lawsuit against Camp Organizers on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Name of Participating Child #1 \_\_\_\_\_

Name of Participating Child #2 \_\_\_\_\_

Name of Participating Child #3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

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



John Muir Association  
RELEASE FORM 2024



I hereby grant the John Muir Association, or its authorized employees, representatives and contractors, the right to make visual recordings, audio recordings, still images, and/or to otherwise capture material of me and any minor child under my control and/or attending the John Muir Mountain Day Camp at the time the material is collected.

I hereby agree that the material will become the property of the John Muir Association and will not be returned. As such, I agree that the John Muir Association and its assigns have the right to reproduce, prepare derivative works of, distribute or display and use these materials in whole or in part, for John Muir Association purposes, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages throughout the world. Use of this material shall include, but not be limited to, audiovisual programs, museum exhibits, websites, publications, product artwork, and project publicity. Additionally, I waive the right to inspect or approve any use of the material and any right to royalties or other compensation arising or related to the use of the material.

I hereby hold harmless and release and forever discharge the John Muir Association, its Board Members, agents, officers, employees, and volunteers, from all claims demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name, I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I agree to indemnify and hold the John Muir Association, its Board Members, agents, officers, employees, and volunteers, harmless for any and all losses, claims, expenses, suits, costs, demands, and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the activities associated with the John Muir Mountain Day Camp and/or the project in which I am, or any minor child is, taking part.

I hereby certify that I am the parent or guardian of \_\_\_\_\_,  
and do hereby give consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Printed Name: \_\_\_\_\_

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

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

Phone (please also include area code): \_\_\_\_\_

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***The mission of the John Muir Association is to celebrate the life, share the vision and preserve the legacy of John Muir through education, preservation, advocacy and stewardship, in partnership with the National Park Service at the John Muir National Historic Site.***



John Muir Mountain Day Camp  
CAMP PHOTO RELEASE FORM 2024

Throughout the year we may use the photos and videos we have taken of your children for YouTube, Facebook, TV, brochures, posters, newspaper articles and websites. We will not use any names or locations other than Martinez, California. In order to do this we need your permission.

- I give you permission to use photos and video clips of my child for promotional purposes for the John Muir Mountain Day Camp.
- Check here if you would prefer media of your child NOT be used.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



John Muir Mountain Day Camp  
MEDICAL CONSENT FORM 2024



Send to: John Muir Mountain Day Camp, 9 Lone Oak Ct., Pleasant Hill, CA 94523

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_ Best Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Best Phone \_\_\_\_\_

Emergency Contact Other Than Parent \_\_\_\_\_ Best Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical/Insurance Carrier \_\_\_\_\_ Medical Number \_\_\_\_\_

Allergies/other Pertinent Medical conditions \_\_\_\_\_

Any disabilities we should be aware of \_\_\_\_\_

I grant my permission for my child to participate in John Muir Mountain Day Camp. I also grant permission for my child to receive emergency medical treatment and to be hospitalized if necessary. It is understood that every attempt will be made to contact me or the person named above before taking this action.

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

**MEDICATION CONSENT**

My child will need medication during the camp day hours and I request that he/she be assisted by designated Camp personnel to follow the recommendations of our physician. I understand that the John Muir Association accepts no responsibility for the administration of or failure to administer such medication at a specific time. I agree to hold the John Muir Association harmless and free from any liability arising out of or the administration of or failure to administer any medication.

Name of Camper: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Remarks: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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



National Park Service Release Form

I hereby grant the National Park Service, or its authorized representatives and contractors, the right to make visual recordings, audio recordings, still images, and/or to otherwise capture material of me and any minor child under my control at the time the material is collected.

I hereby agree that the material will become the property of the National Park Service and will not be returned. As such, I agree that the National Park Service and its assigns have the right to reproduce, prepare derivative works of, distribute or display and use these materials in whole or in part, for government and non-government purposes, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages throughout the world.

I hereby hold harmless and release and forever discharge the National Park Service from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I agree to indemnify and hold the Government harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the activities associated with the project in which I am taking part.

Description of Material: \_\_\_\_\_

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

Printed Name \_\_\_\_\_

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

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

Phone (please include area code): \_\_\_\_\_

Organization/Group Name (if applicable): \_\_\_\_\_

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date \_\_\_\_\_

Parent or Guardian's Printed Signature \_\_\_\_\_

For NPS/Contractor Administrative Use Only:

Table with 6 columns: Park, Project, Location, Date, Contractor, NPS COR

Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form.