



Camp Corazones Dates: July 19/20/21/22, 2018

**CAMP CORAZONES
MEDICAL VOLUNTEER APPLICATION**

Return by: June 15, 2018

DATE _____

NAME _____ MIDDLE _____ LAST _____

T-SHIRT SIZE (S/M/L/XL) _____ DOB _____ SS# _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK (_____) _____

CELL (_____) _____ FAX (_____) _____

EMAIL _____

BILINGUAL YES ___ NO ___ GENDER M ___ F ___ ETHNICITY _____

GENERAL INFORMATION: MEDICAL HISTORY

Employer: _____

Supervisor's Name _____ Phone _____

CURRENT PROFESSIONAL STATUS

Physician/Title _____	Licensed Y ___ N ___	Expiration Date _____
Nurse/Title _____	Y ___ N ___	_____
Therapist/Title _____	Y ___ N ___	_____
Other/Title _____	Y ___ N ___	_____
<i>Please provide copy of certification/license</i>		

How did you learn about Camp Corazones? _____

Have you ever been convicted of any crime relating in any manner to children or your conduct with them:
Yes ___ No ___ Explain: _____

Do you have any medical conditions that can limit activities and/or that can have serious symptoms?

Physical restrictions/limitations: _____

Current medications: _____

Allergies: _____

Do you have any food or dietary restrictions? _____

Most recent tetanus immunization _____

In an emergency, notify:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

LIST 2 REFERENCES (not employer)

Name: _____

Name: _____

Address: _____

Address: _____

State/Zip: _____

State/Zip: _____

Work Number: _____

Work Number: _____

Home Number: _____

Home Number: _____

****BACKGROUND/CRIMINAL CHECKS**

DUE TO THE NATURE OF CAMP CORAZONES WE RESERVE THE RIGHT TO ACCEPT/REJECT POTENTIAL COUNSELORS, STAFF, OR VOLUNTEERS

SIGNATURE

DATE

THANK YOU FOR SHARING YOUR TIME AND FRIENDSHIP WITH OUR CHILDREN AT CAMP CORAZONES. YOU WILL MAKE A BIG DIFFERENCE IN THEIR LIVES AT CAMP. WE HOPE YOUR CAMP EXPERIENCE WITH US WILL BE AS MEMORABLE TO YOU AS IT WILL BE FOR ALL OF US.

**RETURN: CAMP CORAZONES
PO BOX 23766
SANTA FE, NEW MEXICO 87502
Confirm receipt with Jewel: SIETE@SISNA.COM**



ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this event can test 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 terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, staff, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to event activities, 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 dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

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 permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) 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 including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

1. CAMP CORAZONES, INC.
2. NEW MEXICO ARMY NATIONAL GUARD OF SANTA FE
3. BOYS/GIRLS CLUB OF SANTA FE

Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) 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 or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The 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 its content.

Print Participant's Name (If under 18 years old, Parent or guardian must also sign)	Age	Signature	Date
--	-----	-----------	------

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural 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.

Print Participant's Name	Age	Signature of Parent or Guardian	Date
--------------------------	-----	---------------------------------	------

HOLD HARMLESS AGREEMENT
PLEASE SIGN AGREEMENT

I, _____, wish to conduct training associated with the
(Print Participant's Name)

New Mexico National Guard to be held on **July 18 – 22, 2018** at **Santa Fe, New Mexico**. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the New Mexico National Guard, and the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees shall not be liable for illness or injuries sustained while I am participating in the training event. I understand that participation in the training event may involve strenuous physical activity, and exertion, which could result in illness or injury. Nevertheless, I accept and assume responsibility and liability for such risks, if any.

I hereby release New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from any and all claims or demands for damages, losses or expenses relating to all harm or personal injuries, including death, that may be sustained and which in any way arises out of or is related to my participation in the training event. I shall indemnify and save harmless New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from and against any and all claims, demands, liabilities, damages, expenses, attorneys fees, causes of action, suits or judgments by or on my behalf, my estate or any person or persons, arising from or relating to any harm or personal injuries, including death, that may be sustained as a result of my participation in the training event.

I hereby authorize the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees to secure such emergency medical advice and services as may be necessary for my health and safety and I agree to accept financial liability for such medical advice and services, to the extent it may become necessary or needed.

Date _____

(Signature of Participant)

Emergency Telephone Number

Medical Conditions: No ___ Yes ___
"Yes" please list: _____

Allergies please list: _____

Medications please list: _____

