



General Release

Stepping Stones Center reserves the right to exclude any participant that may pose a risk of harm. Program Administration will consider behavior, health and safety and potential risk before recommending exclusion.

In further consideration of the acceptance of _____ (Applicant's Name), I further agree to defend, indemnity and hold harmless Stepping Stones Center, Camp Allyn, Rotary Club of Cincinnati and any agency with which any of these organizations may be affiliated, their officers, employees, trustees, volunteers, agents and any members of each of them, from and against any and all claims, demands, actions, causes of action or injuries, or obligations of any nature whatsoever, arising out of or in any way related to any activity including, but not limited to transportation to and from Stepping Stones Center, Day, Camp Allyn Residential or Special Programs sessions, transportation to and from all field trips and participation in any of the above contemplated sessions.

Applicant's Name

Date

Signature of Participant if over 18, or Legal Guardian

Date

Print Name of Parent/ Legal Guardian

EMERGENCY MEDICAL TREATMENT RELEASE
(Must sign one of the two releases below)

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on Stepping Stones Center's property, I authorize Stepping Stones Center to:

- 1. Secure and retain medical treatment and transportation necessary.
- 2. Release information upon request from the individual/agency involved in the emergency medical treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be involved if the person designed is unable to be reached.

Signature of Participant if over 18, or Legal Guardian

Date

Non-Consent Plan

I do not give consent for emergency medical aid/treatment in the case of injury or illness while receiving services on Stepping Stones' property. I wish the following to take place: _____

Signature of Participant if over 18, or Legal Guardian

Date

___ I do carry Medical Insurance ___ I do not carry Medical Insurance

Health Insurance Company _____ Policy No. _____