



## 2008 Fall Family Camp Application

October 24 - 26, 2008  
Camp Twin Lakes  
Rutledge, Georgia

Dear Camp Kudzu Family:

The 2008 Fall Family Camp is right around the corner! We are planning a fun-filled weekend of programs and activities, including such favorites as biking, fishing, boating, arts and crafts, miniature golf, archery, tennis and much, much more! We will also have opportunities for parents to network with each other and scheduled panel discussions with healthcare professionals to learn more about the latest diabetes issues.

Fall Family Camp will begin **Friday evening, October 24th at 7:00 P.M.** and end **Sunday morning, October 26th at 10:30 A.M.** Family Camp will be held at Camp Twin Lakes (a partner of Camp Kudzu) in Rutledge, Georgia. The fee for Fall Family Camp is \$300 per family, and scholarships are available at various levels. A \$50 deposit is requested of all participating families, even if a scholarship is granted.

To reserve your place, complete the enclosed application and return it as soon as possible. Please do not send money with the application. We will notify you when you are officially registered for Fall Family Camp. Once registered, the Family Camp fee of \$300 will be due by October 15th. In Early October, we will send you a packet of information that will include a list of what to pack, directions to camp, and other general information about family camp.

Space is limited at Fall Family Camp. Therefore, we try to give preference to applications from families whose children are newly diagnosed, have never attended summer camp, are too young to attend summer camp and/or who have not attended a family camp in the past. If family camp is full when we receive your application, we will notify you and place your name on a waiting list.

Please call the Camp Kudzu office at (404) 250-1811 or email us at [info@campkudzu.org](mailto:info@campkudzu.org), if you have any questions or need additional information.

We look forward to seeing you this fall!

Sincerely,

Your Camp Kudzu Staff

Enclosures



# 2008 Fall Family Camp Application

October 24 - 26, 2008  
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Rutledge, Georgia

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Family's Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Parent(s)/Guardian(s)' Names: \_\_\_\_\_

\_\_\_\_\_ 's Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ 's Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Has your child or family attended Camp Kudzu Family Camp before? \_\_\_\_\_ If yes, list years attended \_\_\_\_\_

Has your child attended Camp Kudzu's Summer Camp before? \_\_\_\_\_ If yes, list years attended \_\_\_\_\_

**Additional Family Members attending Family Camp Weekend (limited to immediate family members only):**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

**Our Family would like to share a cabin with the following family:** \_\_\_\_\_

**I am a single parent, and my family would be willing to share a cabin with another single parent family of the same sex.**

**Please contact me regarding a scholarship for my family to attend family camp. The camp fee of \$300 is due after we confirm your registration.**

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

**Please indicate the number and sizes of t-shirts for your family:**

Child S \_\_\_ M \_\_\_ L \_\_\_ / Adult S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

**Return completed Application to:**

**Camp Kudzu ♦ 577 Concord Rd SE ♦ Suite B ♦ Smyrna, GA ♦ 30082  
Tel: (404) 250-1811**

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

**Camper Information:**

Date Diabetes Diagnosed \_\_\_\_\_

Restrictions or special needs while at camp:

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**PHYSICIAN INFORMATION** (Please list both an endocrinologist and a pediatrician)

Endocrinologist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY INFORMATION** In case of family emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone: (\_\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_\_) \_\_\_\_\_

What are the diabetes and parenting topics that are of most interest to you? (Your answer will help us as we develop our parent discussion sessions for Saturday morning.)

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If anyone in the family has a special dietary need (other than diabetes) (e.g., food allergy, vegetarian diet), please list here:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Additional information, special needs, requests, etc. that we should know about your family:

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## CAMPER INFORMATION AND CONSENT FORM

As parent/guardian of ("Camper"), and as a condition of and as consideration for Camper's participation in with Camp Kudzu, Inc. ("Camp Kudzu"), the parent/legal guardian of each camper is required to sign on behalf of parent/guardian and Camper this consent form ("Consent Form") in the space provided below indicating acknowledgment and agreement with the following:

**1. WAIVER OF LIABILITY.** Camper and I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or Camper may have, or which may hereafter accrue to me, as a result of my child's participation in Camp Kudzu's activities. This release is intended to discharge in advance Camp Kudzu and all of its agents, representatives, officers, directors, volunteers, employees, successors, and assigns ("Kudzu Personnel") from any and all liability, losses, claims, costs, expenses and/or damages (collectively, "Liability") arising out of or connected in any way with my child's participation in the activities of Camp Kudzu, even though that Liability may arise out of negligence on the part of Kudzu Personnel.

I further understand that Camp Kudzu activities require physical exertion and such activities carry inherent risks, and that participants in such activities may sustain serious personal injuries and/or property damage as a consequence of such participation. Knowing the risks of Camp Kudzu activities, I hereby agree to assume those risks and to release, indemnify, defend, and hold harmless all of the Kudzu Personnel who might otherwise be liable to Camper or to me (or our heirs or assigns) for damages.

I further agree to indemnify, defend, and hold harmless Camp Kudzu and all Kudzu Personnel in the event any other person or entity, other than the undersigned, brings an action for the death or personal injuries of Camper as a result of Camper's participation in Camp Kudzu's activities.

IN NO EVENT SHALL CAMP KUDZU OR KUDZU PERSONNEL BE LIABLE TO CAMPER OR ANY INDIVIDUAL OR ENTITY FOR ANY UNFORESEEABLE, INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL OR SPECIAL DAMAGES, INCLUDING WITHOUT LIMITATION, ANY LOSS OF REVENUES OR LOSS OF PROFITS.

**2. CAMPER PROPERTY.** Camper is responsible for all of his/her property, and Camp Kudzu accepts no responsibility for the loss, damage or theft of Camper's property. Camper will not bring valuables to Camp Kudzu.

**3. CONTACT INFORMATION.** You agree to advise Kudzu Personnel where you can be contacted in the event of an emergency. As parent/guardian of Camper, it is your responsibility to provide accurate contact information for you and an emergency contact(s) at all times.

**4. INSURANCE.** Camp Kudzu maintains an accident insurance policy on campers attending the 2008 summer session. All claims under this policy must be submitted within 30 days of the occurrence of the accident. This policy is in addition to and not in place of any health or accident insurance you maintain.

**5. CONSENT TO MEDICAL CARE.** In case of medical and/or surgical emergency, you authorize Camp Kudzu's staff to render to Camper and to arrange for Camper to receive medical care, including but not limited to any X-rays, anesthetic, medical, dental, surgical diagnosis, blood transfusions, treatment and hospital care which is deemed advisable by and is rendered under, the supervision of any physician, dentist, surgeon or other medical provider licensed to practice in the state of Georgia. Camp Kudzu will not be financially responsible for any costs or expenses associated with any medical treatments.

**6. CONSENT TO TRANSPORTATION.** I authorize Camper to participate in group transportation, including by bus, as arranged by Camp Kudzu Personnel when such transportation will facilitate Camper's participation in Camp Kudzu events.

**7. CAMP RULES.** I understand and agree that if Camper fails to comply with Camp Kudzu rules, Camp Kudzu may call me, and Camper may be sent home from Camp Kudzu.

**8. PUBLICITY.** I understand that during the course of Camper's participation in Camp Kudzu activities, Camper may have his/her quote, statement, attribution, picture, portrait, photograph, image, or likeness recorded ("Material"), and Camper and I hereby grant to Camp Kudzu and Kudzu Personnel the world-wide, perpetual, and irrevocable right to use Material whether created by Kudzu Personnel or media outlets, in any and all forms and in any and all media, now known or hereafter created, and in all manners, without any restriction as to changes or alterations (including, but not limited to, composite, altered, modified, or distorted representations or derivative works made in any medium) for marketing advertising, trade, promotion, exhibition, or any other reasonable purposes, and I waive any right to inspect or approve the Material or finished version(s) incorporating the Material, including any written copy that may be created and appear in connection therewith. I acknowledge that the Material may be published, distributed, disseminated, or displayed through electronic means, including, but not limited to, email and Internet websites; however, nothing in this Consent Form requires Camp Kudzu to use or publish any Material.

Camper and I hereby irrevocably and unconditionally assign all right, title, and interest in and to such Material, including, but not limited to, any intellectual property rights in the Material, to Camp Kudzu. I hereby waive any moral rights I may have with respect to any Material, and any claims I may have based on any usage of the Material, including, but not limited to, claims for copyright infringement, right of publicity, public disclosure of private embarrassing facts, invasion of privacy, right of privacy, defamation, or libel. I agree to execute such further documents and instruments as Camp Kudzu may request to effectuate the terms and intentions of this release, and in the event I fail or am unable to execute any such documents or instruments, I agree to subsequently execute and deliver said documents if said documents and instruments are not inconsistent with the terms and conditions of this release.

**9. NO WAIVER.** No provision of this Consent Form shall be deemed waived and no breach shall be deemed excused unless such waiver or consent shall be in writing and signed by a duly authorized representative of Camp Kudzu. No consent by Camp Kudzu to, or waiver of, a breach by Camper, whether express or implied, shall constitute a consent to, waiver of, or excuse for any different or subsequent breach.

**10. PERMISSION.** I expressly permit Camper to engage in all prescribed camp activities, except as noted by me in writing and the examining physician.

**11. SEVERABILITY.** Should any portion of this Consent Form be deemed to be unenforceable or contrary to public policy, the remaining portions of this Consent Form shall survive and be enforceable.

**12. COMPLIANCE WITH LAWS.** Camper agrees to comply with all applicable federal, state, county and local laws, ordinances, regulations and codes while participating in Camp Kudzu activities.

**13. JURISDICTION AND VENUE.** This Consent Form shall be governed by, subject to, and construed in all respects in accordance with the laws of the State of Georgia. The parties agree that any lawsuit or other legal claim or action shall be filed in either the Superior Court of Fulton County, Atlanta, Georgia, or in the Federal District Court, Northern District of Georgia.

**14. ENTIRE AGREEMENT.** This Consent Form contains the entire agreement of the parties and there are no oral or written representations, understandings or agreements between the parties respecting the subject matter hereof that are not fully expressed herein. This Consent Form may be modified only by a written amendment executed by the parties.

\*Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

\*Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

***\*All adults in attendance must sign consent***

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