

Camp Bruce McCoy Witness Signatures
ALL THREE OF THE FOLLOWING PARTS MUST BE COMPLETED!

In the event I cannot be reached in an emergency, I hereby give permission to the camp Medical Director, Dr. Nathan Zasler, or a physician so designated by him to evaluate and/or treat (including ordering any medically necessary measures such as imaging studies, medications, anesthesia or surgery). I understand that Dr. Zasler's services are provided at no cost as he volunteers as the camp Medical Director; however, in an emergency situation, other providers will be billing for their services. In a situation where I cannot be reached and Dr. Zasler must make emergency medical decisions, I agree to hold him harmless of any damages unless there is gross negligence on his part as the camp Medical Director.

By way of this consent, I also give permission for any of the aforementioned clinicians to access information on _____ from his/her treating physician(s). My signature below acknowledges my understanding of the above and agreement to same.

Signature of parent/guardian or camper Date

Signature of Witness Date

I hereby acknowledge that I am fully aware of the risks involved in participating in the activities at Camp Bruce McCoy and have taken into account the disability and/or impairments of _____ with respect to making the decision to participate in the program. I hereby release the Brain Injury Association of Virginia, its employees and agents from any and all claims arising from Camp McCoy.

Signature of parent/guardian or camper Date

Signature of Witness Date

At various times during the camp program, print and television media will be invited to camp. In addition, BIAV may develop video or photographic displays about camp. I do ___ do not___ give permission for _____ to be filmed or interviewed for public purposes.

Signature of parent/guardian or camper Date

Signature of Witness Date