

Camp Two Can 2025 Release Forms

Must be signed and dated in front of a notary and notarized. Applications without a notary will not be accepted as completed.

I must complete the Enrollment Application online at <https://pals-ucfcard.org/camp-two-can-2025/> and provide a \$50 per week per camper deposit. (Incomplete applications and/or applications without proper deposits will not be accepted.) I understand that if my balance owed is not received by the due date, my camper will lose his/her slot in the camp program and may forfeit any funds paid. I understand there is a cancellation policy, and no refunds will be made a week prior to a camp start date.

I understand that if my camper cannot be served at the camp due to behaviors that may present a danger to self or others or that cannot be managed by staff, a refund check for any remaining weeks will be issued. I am aware this camp program is not a County Public School program.

I hereby give my consent for _____ to participate in Camp TWO-CAN.
Camper's name

NOTICE TO THE MINOR CAMPER'S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CAMPER ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PALS/UCF CARD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CAMPER MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CAMPER'S RIGHT AND YOUR RIGHT TO RECOVER FROM PALS/UCF CARD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CAMPER OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PALS/UCF CARD HAS THE RIGHT TO REFUSE TO LET YOUR CAMPER PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, the undersigned, assume all the risks and hazards of the conduct of the program. In case of the unlikely event my camper should be injured during this PALS subsidized program, I do hereby waive all claims or legal actions, financial, or otherwise against UCF Center for Autism and Related Disabilities (CARD), Providing Autism Links & Support (PALS), their elected officials, and employees, the hosting entity,

supervisors, or any volunteer connected with the program and hold them harmless of indemnification. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release.

I DO grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

The Program, PALS and CARD are not responsible for items brought from home. For the safety of the camper, please have your camper prepared for activities (e.g. no sandals, flip-flops, or open toed shoes). Please make sure that camper wears clothing that is secure since many activities require a high level of energy (e.g. running, hopping, etc.) and for protection.

I understand that camper (or self) may be dismissed from participation, and I agree to remove camper (or self) within one hour of being notified of any violation of the Program Code of Conduct.

Camper's Parent/Guardian _____ Date

TRAVEL RELEASE

I hereby grant permission for the above stated Camp camper to travel on a bus for swimming and on field trips to various locations. I understand that Camp personnel will provide supervision during transportation and field trips, and that one-on-one staffing is not possible. I understand that field trips depart on time per the schedule, and no one will accept my camper at the camp location after the bus has left. I also understand no refunds will be provided for days on which my camper has missed the bus for pool or field trips.

Camper's Parent/Guardian _____ Date

SWIM RELEASE

I hereby grant permission for the above-stated camper to swim in a community pool. I understand that campers will be tested for swimming ability on their first day of camp. Those campers that the counselors/pool staff feel are not competent swimmers will need to bring Coast Guard approved flotation devices which should be supplied by parents. I understand that no campers may stay behind at camp during swim or field trips.

Camper's Parent/Guardian _____ Date

<p>State of Florida</p> <p>County of _____</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____, 2025 by _____ who is personally known to me and/or produced _____ as identification and did/(not) take an oath.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary</p>

Please make a photocopy of this completed application for your file.

Original notarized application and Registration/Payment forms must be returned to:

PALS

P. O. Box 781458

Orlando, FL 32878-1458

Ph: 407-823-6020 or 888-558-1908

Fax: 407-823-6012 Email: info@pals-ucfcard.org