

International Democratic Summer Camp Principles (to be signed by the children)

We want to make sure that everyone understands the main purpose and the principles of the camp and is able to agree to that. Making this explicitly clear will also help the group to solve any conflicts that may arise.

Main purpose

The main purpose of the camp is to create together a group experience that is enjoyable and meaningful for everyone involved. This means:

- We try to create circumstances where people feel safe enough to relax, enjoy, learn and take next steps in their lives
- We take care of the wellbeing of individuals and the group as a whole
- We consider the voice of the minority
- We act in respect of people and property

The camp can be shaped by us to whatever we see best to serve the above purpose. We use the democratic and sociocratic practices.

For this we meet every day at 10 am to discuss what is necessary for the day to come.

The limits of our freedom

Although we (the organisers) try to give the group as much freedom as we can to make the camp into the best place ever for everyone, there are some limits we have to remind you of:

1. French laws apply to the camp
2. No alcohol and no drugs are allowed during the camp
3. Attending the 10 am meeting is mandatory
4. Following the decisions agreed by all in the democratic meeting is mandatory.
5. We all respect other people and their property.

Not being able to hold to these five limits, or not being able to work towards the main purpose, should be considered a reason for being asked to leave the camp.

I understand and agree to all of the above:

Name and date

Signature

For parents:

INTERNATIONAL DEMOCRATIC SUMMER SUMMER CAMP CONSENT FORM

This consent form covers all activities to take place at the International Summer Camp. Please email to us. Your child cannot participate without it being completed and submitted. You will need to arrange your own travel insurance and health insurance and provide us with a certificate of proof.

Full Name: _____

Age _____

Full Address _____

Post Code _____

Home Tel No: _____

Email address _____

Person to contact in an Emergency _____

Medical Statement to be completed by Participant named above. Please circle answers.

Is your child Fit and Healthy and able to participate in the named activities? YES
NO

Please answer the following questions by circling the answer, if you answer yes to any of the questions; please provide further details below in the space provided or please call us to discuss if you can take part on

| Does your child have any conditions that require treatment or Medication? Does you have any of the following? | YES | NO |
|--|-----|----|
| • Any Major illness | YES | NO |
| • Blackouts/Headaches/Dizziness | YES | NO |
| • Allergies to Bites/Food or medicine | YES | NO |
| • Asthma*see below/Bronchial illness | YES | NO |
| • Recent injuries/operations | YES | NO |
| • Epilepsy | YES | NO |
| • Diabetes | YES | NO |

- | | | |
|--------------------------------|-----|----|
| • Heart complaints | YES | NO |
| • Back/Neck complaints | YES | NO |
| • Food Allergies ** see below/ | YES | NO |
| • Learning disabilities | YES | NO |
| • Physical disabilities | YES | NO |
| • Any other | | |

Please note that if you have any allergies or any recent neck or back injuries, please let us know here:

*Please note that we cannot allow participants with Asthma to participate if they are not carrying an inhaler with them in the event they may need it.

Any other information on medical conditions and food allergies please add here:

Do you have any special dietary needs, for example are you vegetarian or vegan?

Emergency telephone numbers: 0641332376/0687369685

Fiche d'urgence à remplir par les parents à l'intention des médecins urgentistes *

Nom de la structure : International Democratic Summer Camp **année :** 2021.....

Nom : Prénom :

Date de naissance :

Nom et adresse des parents ou du représentant légal :

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N° et adresse du centre de sécurité sociale :

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N° et adresse de l'assurance scolaire :

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En cas d'accident, l'association s'efforce de prévenir la famille par les moyens les plus rapides. Veuillez faciliter notre tâche en nous donnant au moins un numéro de téléphone :

1. N° de téléphone du domicile : N° de portable :

2. N° du travail du père : poste :

3. N° du travail de la mère : poste :

4. Nom et n° de téléphone d'une personne susceptible de vous prévenir rapidement :

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En cas d'urgence, un élève accidenté ou malade est orienté et transporté par les services de secours d'urgence vers l'hôpital le mieux adapté. La famille est immédiatement avertie par nos soins. Un élève mineur ne peut sortir de l'hôpital qu'accompagné de sa famille.

Date du dernier rappel de vaccin antitétanique :

(pour être efficace, cette vaccination nécessite un rappel tous les 5 ans)

Observations particulières que vous jugerez utiles de porter à la connaissance des médecins urgentistes (allergies, traitements en cours, précautions particulières à prendre ...)

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NOM, adresse et n° de téléphone du médecin traitant :

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* Document non confidentiel à remplir par les familles. Si vous souhaitez transmettre des informations confidentielles, vous pouvez le faire sous enveloppe fermée à l'intention des médecins urgentistes.

Emergency telephone numbers: 0641332376/0687369685

Acknowledgement of Risk, Waiver, and Release of Liability

Upon completing registration each year, parents are asked to sign the form below.

I understand and acknowledge that participation in the camps, events, or programs operated or conducted by the International Democratic Summer Camp including all of its activities and the use of its facilities and equipment, involves an inherent and unavoidable risk of injuries, harm, and loss. I understand that although the Camp takes precautions to provide proper organization, supervision, and equipment, it is impossible for the Camp to guarantee absolute safety. I understand there are numerous risks associated with participating in the Camp's activities, including, but not limited to, the use of playgrounds, swimming pool, river activities, the beach, craft activities/projects, and baking activities. Equipment used in activities may break, fail, or malfunction and cause injury. Some of the equipment used in activities may cause injuries even when used as intended. These are some, but not all, of the risks inherent in Camp activities; a complete listing of inherent risks is not possible and some risks cannot be anticipated.

I authorize the child/children named in this registration to participate in the camps and all activities operated by the Camp, both on and off site. On my own behalf and on behalf of the child/children named in this registration, I ACKNOWLEDGE THE RISKS associated with participation in the Camp and expressly and voluntarily assume the risks of participation in the camps and activities operated by the Camp and HEREBY WAIVE AND RELEASE ALL CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION, COSTS, LOSSES, EXPENSES AND LIABILITIES ("CLAIMS") (WHETHER ON BEHALF OF THE CHILD/CHILDREN NAMED IN THIS REGISTRATION OR FOR MY OWN BENEFIT) AGAINST THE CAMP (INCLUDING ITS STAFF, EMPLOYEES, AND AGENTS) THAT MAY ARISE FROM INJURIES, HARM OR LOSS RESULTING FROM PARTICIPATION IN THE CAMPS AND ACTIVITIES OPERATED BY THE CAMP, INCLUDING (WITHOUT LIMITATION) ANY CLAIMS ALLEGING NEGLIGENCE BY THE CAMP (INCLUDING ITS STAFF AND THE OWNERS OF THE PROPERTY), to the fullest extent allowed under the laws of France. If any aspect of this waiver is deemed to be invalid, I acknowledge that the remainder of the agreement will continue to have full force and effect. If my agreement on behalf of my child/children to release their Claims against the Camp is deemed invalid for any reason, I agree to indemnify, defend and hold the Camp harmless in connection with any Claims arising out of my child's/children's participation in the camps, programs, events and activities operated by the Camp, including payment of reasonable defence costs incurred by the Camp.

I hereby authorize the staff of the Camp to act according to their best judgment in any situation requiring medical attention for the child/children named in this registration. I understand that it is my responsibility to provide medical insurance coverage for the child/children named in this registration while they are attending camps operated by the Camp and to provide accurate and complete medical information.

I acknowledge my risk, and hereby sign a waiver and release of liability towards the organisers of the camp.

Signature:

Print Name _____

Date: _____

INTERNATIONAL DEMOCRATIC SUMMER CAMP PHOTO/VIDEO/INTERVIEW CONSENT

I confirm that I have been informed and understand the purpose of the film/photo and have had the opportunity to ask questions.

I hereby grant permission for International Democratic Summer Camp to use my image and likeness in a video/photo reproduction

I consent to my name being included in any film production.

I consent to International Democratic Summer Camp processing and storing the personal information provided on this form electronically and in hard copy.

I hereby grant permission for the International Democratic Summer Camp to use quotes from the interview(s) (or excerpts of such quotes), in written reports, articles, blogs or other media.

I understand that my participation is voluntary and that I can withdraw consent provided here without giving reason, in order that my image and likeness be deleted from film footage.

Name of child/children: _____

Name of parent/legal guardian* _____

Signature of parent/legal guardian* _____

Date: _____

*delete as appropriate