

CREATIVITY FOR PEACE RELEASE FORMS 2009

SUMMARY OF LEGAL DOCUMENTS TO BE SUBMITTED BY CAMPERS

(Translations in Arabic and Hebrew follow)

Liability Waiver and Release

There are risks and dangers involved in any activity. Your daughter's participation in the camp is no exception. As parents you understand and accept all possible risks involved in your daughter's travel to and participation in the camp. Knowing the risks, you specifically give the organization permission to furnish transportation, food, activity, and lodging for your daughter while she is attending camp. You also agree not to hold Creativity for Peace responsible for any loss, damage, and/or expense that you or your daughter might suffer due to those activities and their associated risks.

Medical History & Consent

Please provide two names and full contact information (address, phone number, email) for anyone who should be notified if there is a problem with your daughter while she is at camp. Additionally, please let Creativity for Peace know of any physical or emotional issues your daughter may have/may be suffering from, including any allergies to food or drugs. Finally, if your daughter has health insurance please provide the insurance carrier, policy number, and contact information for your daughter's regular physician.

Medical Consent

You grant Creativity for Peace permission to take care of any medical treatment, emergency or otherwise, that your daughter may need while attending or traveling to and from camp. You further agree to pay for such care should it be needed.

Film and Photographic Release

You give your permission to allow Creativity for Peace or members of the press and media to photograph or film your daughter. You also give permission to Creativity for Peace to use these photographs for publicity, web site, fundraising, or other purposes related to its mission.

Santa Fe Mountain Center Release.

There are risks and dangers involved in any activity. Your daughter's participation in this particular Mountain Center activity is no exception. As parents you understand and accept all possible risks involved in your daughter's participation in courses offered by the Mountain Center. You specifically give the Mountain Center permission to furnish transportation and activities for your daughter. You agree not to hold the Mountain Center responsible for any loss, damage, and/or expense that you or your child may suffer due to those activities and their associated risks. You grant the Mountain Center permission to take care of any medical treatment, emergency or otherwise, for a child while she participates in a course. You agree to pay for such care should it be needed. You give the Mountain Center permission to photograph or film your child and use such photographs for publicity, web site, fundraising or other purposes related to its mission.

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יצירתיות למען השלום, שחרור וויתור על אחריות

כל פעילות כרוכה בסיכונים וסכנות. השתתפות הבת שלכם במחנה אינה יוצאת מן הכלל. כהורים אתם מבינים ומקבלים את כל הסיכונים האפשריים המעורבים בנסיעה ובהשתתפות הבת שלכם במחנה. בידיעת הסיכונים, אתם במפורש נותנים לעמותה את הרשות לספק הסעה, אוכל, פעילויות ולינה לבת שלכם בזמן שהיא נוכחת במחנה. כמו כן, הנכם מסכימים כי עמותת "יצירתיות למען השלום" לא תשא אחריות עבור כל אובדן, נזק ו/או הוצאה אשר אתם או הבת שלכם עלולים לסבול עקב פעילויות אלו והסיכונים הקשורים בהן.

יצירתיות למען השלום, היסטוריה רפואית והסכמה

נא לספק שני שמות ואינפורמציה מלאה להתקשרות (כתובת, מספר טלפון, דואר אלקטרוני) למי שניתן לפנות אליו במידה ויש בעיה עם הבת שלכם בזמן שהיא נמצאת במחנה. בנוסף, נא להודיע לעמותת "יצירתיות למען השלום" על כל בעיה פיסית או נפשית שיכולה להיות או עלולה לסבול ממנה הבת שלכם, כולל אלרגיה לאוכל או לתרופות. לבסוף, אם יש לבת שלכם ביטוח בריאות, נא לספק את שם חברת הביטוח, מספר פוליסת הביטוח, ומידע לגבי הרופא של הבת שלכם.

יצירתיות למען השלום, הסכמה רפואית

הנכם נותנים לעמותת "יצירתיות למען השלום" את הרשות לטפל בכל טיפול רפואי, מקרה חירום או אחר, אשר הבת שלכם יכולה להיות צריכה בזמן שהייה או נסיעה הלוך חזור למחנה. כמו כן הנכם מסכימים לשלם עבור טיפול כזה במידת הצורך.

יצירתיות למען השלום, שחרור סרט או צילום

הנכם מרשים לעמותת "יצירתיות למען השלום" או לאנשי תקשורת ועיתונות לצלם את הבת שלכם. כמו כן אתם מרשים לעמותת "יצירתיות למען השלום" להשתמש בצילומים אלה עבור פרסום, אתר אינטרנט, גיוס כספים, או מטרת אחרות הקשורות למשימה שלהם.

Santa Fe Mountain שחרור מרכז

כל פעילות כרוכה בסיכונים וסכנות. השתתפות הבת שלכם בפעילות מיוחדת זו במרכז "סנטה-פה" אינה יוצאת מן הכלל. כהורים אתם מבינים ומקבלים את כל הסיכונים האפשריים המעורבים בהשתתפות הבת שלכם בקורסים

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המוצעים במרכז "סנטה-פה". אתם במפורש נותנים למרכז "סנטה-פה" את הרשות לספק הסעה ופעילויות לבת שלכם. הנכם מסכימים כי מרכז "סנטה-פה" לא ישא אחריות עבור כל אובדן, נזק ו/או הוצאה אשר אתם או הבת שלכם עלולים לסבול עקב פעילויות אלו והסיכונים הקשורים בהן. הנכם נותנים למרכז "סנטה-פה" את הרשות לטפל בכל טיפול רפואי, מקרה חירום או אחר, אשר הבת שלכם יכולה להיות צריכה כאשר היא משתתפת בקורס. כמו כן הנכם מסכימים לשלם עבור טיפול כזה במידת הצורך. הנכם מרשים למרכז "סנטה-פה" לצלם את הבת שלכם ולהשתמש בצילומים אלה עבור פרסום, אתר אינטרנט, גיוס כספים, או מטרות אחרות הקשורות למשימה שלהם.

"الإبداع لأجل السلام", تحرير وإعفاء من المسؤولية

هناك مخاطر وأخطار متعلقة بكل فعالية. إن اشتراك ابنتكم في المخيم لا يشذ عن هذه القاعدة. كأهل وأولياء أمور أنتم تتفهمون وتتقبلون أية مخاطر التي يمكن أن تتعلق بسفر أو اشتراك ابنتكم في المخيم. مع العلم بالمخاطر، إنكم، وبصورة خاصة، تمنحون الإذن للجمعية بتزويد السفر، الطعام، الفعاليات والمنام لابنتكم خلال وجودها في المخيم. أنتم أيضاً توافقون على عدم تحميل جمعية "الإبداع لأجل السلام" المسؤولية لأي فقدان، ضرر أو مصروف الذي من الممكن أن يلحق بكم أو بابنتكم بسبب هذه الفعاليات والمخاطر المرافقة لها.

"الإبداع لأجل السلام", تاريخ طبي وموافقة

الرجاء تزويد اسمين مع المعلومات الكاملة للاتصال (العنوان، رقم الهاتف، بريد الكتروني) لأي شخص يمكن إعلامه في حالة حدوث أية مشكلة لابنتكم خلال مكوثها في المخيم. بالإضافة إلى ذلك، الرجاء إعلام جمعية "الإبداع لأجل السلام" عن أية مشكلة جسدية أو نفسية التي من الممكن أن تحدث أو تعاني منها ابنتكم، بما في ذلك أية حساسية لطعام أو دواء. في النهاية، إذا كان لابنتكم تأمين صحي، الرجاء تزويد اسم شركة التأمين، رقم بوليصة التأمين، ومعلومات للاتصال مع طبيب ابنتكم.

"الإبداع لأجل السلام" موافقة طبية

إنكم تمنحون الإذن لجمعية "الإبداع لأجل السلام" بالاعتناء بأي علاج طبي، حالة طوارئ أو أي حدث آخر، الذي من الممكن أن تحتاجه ابنتكم أثناء وجودها في المخيم أو سفرها ذهاباً وإياباً للمخيم. أنتم توافقون أيضاً على دفع المقابل لمثل هذه العناية حسب الحاجة.

"الإبداع لأجل السلام" تحرير فيلم أو تصوير

إنكم تسمحون لجمعية "الإبداع لأجل السلام" أو أحد أعضاء الصحافة والإعلام بتصوير ابنتكم. وأيضاً تأذنون لجمعية "الإبداع لأجل السلام" باستعمال هذه الصور للدعاية، للموقع، لتجنيد الأموال أو أهداف أخرى متعلقة بهذه المهمة.

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Santa Fe Mountain تحرير مركز

لا يشذ عن هذه هنالك مخاطر وأخطار متعلقة بكل فعالية. إن اشتراك ابنتكم في هذه الفعالية الخاصة في مركز "سانتا-في" القاعدة. كأهل وأولياء أمور أنتم تتفهمون وتتقبلون أية مخاطر التي يمكن أن تتعلق باشتراك ابنتكم في الدورات المعروضة من قبل مركز "سانتا-في". إنكم، وبصورة خاصة، تسمحون لمركز "سانتا-في" بتزويد السفر والفعاليات لابنتكم. أنتم توافقون على عدم تحميل مركز "سانتا-في" المسؤولية لأي فقدان، ضرر أو مصروف الذي من الممكن أن يلحق بكم أو بابنتكم بسبب هذه الفعاليات والمخاطر المرافقة لها. إنكم تمنحون الإذن لمركز "سانتا-في" بالاعتناء بأي علاج طبي، حالة طوارئ أو أي حدث آخر، الذي من الممكن أن تحتاجه ابنتكم أثناء مشاركتها في الدورة. أنتم توافقون أيضاً على دفع المقابل لمثل هذه العناية حسب الحاجة. إنكم تسمحون لمركز "سانتا-في" بتصوير ابنتكم واستعمال هذه الصور للدعاية، للموقع، لتجنيد الأموال أو أهداف أخرى متعلقة بهذه المهمة.

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THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING

Creativity for Peace LIABILITY WAIVER AND RELEASE

MINOR CHILD WITH CONSENT OF PARENT OR LEGAL GUARDIAN

In consideration for being accepted by Creativity for Peace (CFP) for participation in a youth camp, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless CFP the directors, counselors, and staff (the Organization) from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip and activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I fully understand and acknowledge that: (a) risks and dangers exist in me (or my child participant's) use of CFP equipment and my/their participation in camp activities; (b) my/their participation in camp activities and or use of equipment or facilities may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of CFP, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes; and (d) these risks and dangers may arise from foreseeable or unforeseeable causes and my/their participation in these and/or use of equipment. We (parent/guardian/child) hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, volunteers, officers, or employees of CFP, or by any other person.

We (I), on behalf of myself, named minor child, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify CFP and its owners, agents, officers and employees from any and all claims actions or losses for bodily, injury, property damage, wrongful death, loss of services, or otherwise which may arise out of my use of CFP equipment or my participation in camp activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may presently or in the future for the negligent act or other conduct by the owners, agents, volunteers, officers or employees of CFP.

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Further authorization and permission is hereby given to said CFP to furnish any necessary transportation, food, and lodging for this participant. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by CFP.

The undersigned further hereby agrees to hold harmless and indemnify CFP, its directors, employees, counselors, and agents, for any liability sustained by CFP as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

NAME OF MINOR: _____

AGE OF NAMED MINOR CHILD: _____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership.

PARTICIPANT'S SIGNATURE: _____

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THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING

Creativity for Peace MEDICAL HISTORY AND CONSENT FORM

MINOR NAME: _____

PARENT NAME: _____

STREET ADDRESS: _____

CITY: _____ COUNTRY: _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

ADDITIONAL NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:

HOME PHONE: _____

WORK PHONE: _____

Name of Activity: CREATIVITY FOR PEACE CAMP

Does participating and named minor have any pre-existing medical conditions we should be aware of? Yes
____ No _____

You must inform Creativity for Peace of ANY pre-existing medical conditions. CFP needs the following Medical History for your child should sickness or an injury occur. Check and/or give approximate dates, where applicable:

_____ Frequent colds	_____ Heart trouble	_____ AIDS (HIV virus)
_____ Frequent sore throats	_____ Measles	_____ Hay fever/asthma
_____ Stomach upsets	_____ German measles	_____ Tetanus booster
_____ Abscessed ears	_____ Mumps	_____ Insect allergies
_____ Bronchitis	_____ Chicken Pox	_____ Polio vaccine booster
_____ Fainting	_____ Rheumatic Fever	_____ Broken bones
_____ Constipation	_____ Diabetes	_____ Typhoid vacc booster
_____ Hepatitis	_____ Epilepsy	_____ Serious ivy poisoning
_____ Other		

Has your child had any major surgery? (Circle One) Yes No

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If so, please describe on back.

Is your child allergic to penicillin? (Circle One) Yes No
Other drugs? _____
Other allergies? _____
Details _____

Is your child taking medication/s at this time? (Circle One) Yes No
Type/Dosage _____
For What? _____
Type/Dosage _____
For What? _____

Please Print

Father: _____ Phone-Day: _____
Phone-Eve: _____ Email: _____

Mother: _____ Phone-Day: _____
Phone-Eve: _____ Email: _____

Legal Guardian: _____ Phone-Day: _____
Phone-Eve: _____ Email: _____

If over 21, person to contact in emergency: _____
Phone: _____

Hospital Insurance Yes No

Insurance company: _____
Policy number: _____

Physician's name: _____
Physician's phone: _____ Emergency phone: _____

Please use the back for further details or pertinent information.

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Creativity for Peace

MEDICAL CONSENT

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for her to participate fully in said camp, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

We (I) also understand and agree that we (I) are (am) solely responsible for all appropriate charges for such services and that CFP is under no duty to provide any first aid or medical treatment in any event.

Date: _____ Signature: _____

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Creativity for Peace

FILM AND PHOTOGRAPHIC RELEASE

Dear Participant of Creativity for Peace camp,

We are so pleased that you will soon be with us in New Mexico. We will be making a visual record of you and all the participants in the camp. We would like permission to film you in the various activities of the camp, artistic projects, dialogue, hiking, and other activities.

Several of the local and state newspapers and TV will be coming to see the camp and write stories about us. They also will be photographing the participants and activities.

The photos we will be making will be shared with you and your family. They may be used for further publicity, fundraising for next year, and for other peacemaking groups. We will be very careful about how we use the photos and film.

If you do not wish to be filmed or photographed, please let us know.

I know that the journey is long and can be tiring, but just keep reminding yourself that soon you will be in the beautiful valley of the camp, nestled in the mountains. Soon you will be rested and having such fun!

Sincerely,

Dottie Indyke and the staff of Creativity for Peace

I understand you will photograph activities at the camp and I may be in these photos from time to time. I also understand the press and /or TV reporters may film activities of the Peace camp.

Name of Camper: _____

Date: _____ Signature of Camper: _____

Date: _____ Signature of Parent or Guardian: _____

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Santa Fe Mountain Center, Inc. *Participant Registration, Liability Release and Informed Consent Form*

If you have questions regarding this form, please call the SFMC at (505) 983-6158.

*This registration form is requirement for attendance at any SFMC event. It **MUST** be signed by either the participant, or by the **Parent/Guardian** of a Minor Participant (under 18 years of age). **Minor Participants** must sign inside the box on the last page.*

Participant's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone # _____ Cell/Work Phone # _____ Date of Birth: _____

Gender: _____ Height: _____ Weight: _____ Age: _____

Person To Be Notified in Case of Emergency: _____ Cell phone _____

Relationship to participant: _____ Home phone _____ Work phone _____

Address: _____ City: _____ State: _____ Zip: _____

BACKGROUND INFORMATION

The Santa Fe Mountain Center (SFMC) is a non-profit 501(c)3 experiential learning center. Since 1979, our programs have used an action-oriented, experienced-based approach to personal growth. Participants may be asked to become engaged in a series of mentally and physically challenging activities including cooperative games, trust building activities, problem-solving initiatives, adventure challenge courses, rock climbing, snowshoeing, overnight camps, and/or backpacking. During and following the activities, discussions or debriefings focus on seeing and understanding communication patterns, relationships, problem-solving techniques, and areas of competence. Our strengths based approach affords opportunities for enrichment and increased resiliency for those who participate in our innovative and progressive community based, educational and therapeutic work. For more information, visit our website at www.santafemc.org or call us at (505) 983-6158.

UNDERSTANDING/ASSUMPTION OF RISK

During some of the activities, participants may be asked to take physical and emotional risks. The physical and emotional well-being of participants is always a priority of SFMC facilitators. Individuals are given a choice as to their degree of participation. The types of possible risks that may occur during the activities vary significantly based on individual participant as well as activity type. These risks may include physical risks such as running, jumping, stretching, lifting, and other physical exertion which may result in pulled or strained muscles, tripping, broken bones, or other serious injuries. Emotional risks may include close personal contact, self-disclosure, trust, giving/receiving support, and expressing feelings of anger, fear, and/or affection.

Participant or Parent/Guardian of Minor Participant recognizes and acknowledges that by participating in the SFMC program there are certain physical and emotional risks. Participant or Parent/Guardian of Minor Participant understands that Santa Fe Mountain Center will endeavor to provide reasonable care and attention to the health and comfort of participants. Participant or Parent/Guardian of Minor Participant agree to assume and accept the full risk of any injuries, illness, damages, or loss, which Participant may sustain as a result of participation in any and all activities, connected or associated with the SFMC programs.

Participant or Parent/Guardian of Minor Participant understands that participants should be free of any physical, medical, and/or mental conditions that may create excessive risk to Participant or others. If in doubt, Participant will seek medical advice before participation in the SFMC program. Participant or Parent/Guardian of Minor Participant also agrees to inform the facilitators of any situation(s) that may be a danger to Participant or others. These situations may include: a) broken equipment, b) feeling sick or very tired, and c) having difficulty performing a skill. As a participant in the SFMC program, Participant or Parent/Guardian of Minor Participant also agree to abide by all established rules and regulations set forth by the staff and understand that failure to comply with these rules may result in my removal from the session.

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Participant or Parent/Guardian of Minor Participant also agrees to allow the Santa Fe Mountain Center staff to transport Participant to and from program sites, and that such activity involves the risks inherent in vehicle travel.

INSURANCE

Participant or Parent/Guardian of Participant represents that he or she has adequate insurance to cover any injury or damage Participant may cause or suffer while participating. To the extent insurance is not available, Participant or Parent/Guardian of Minor Participant agrees to bear the costs of such injury or damage him or herself. Participant or Parent/Guardian of Minor Participant agrees to assume the risk of any medical or physical condition the Participant may have.

WAIVER OF LEGAL CLAIMS

Participant or Parent/Guardian of Minor Participant hereby agree to indemnify, waive, release, and forever discharge Santa Fe Mountain Center, its employees, officers, administrators, directors, shareholders and contractors from all claims arising out of this program, whether caused by negligence, breach of contract or otherwise, for bodily injury, death, property damage or loss.

FOR THE PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT (IF PARTICIPANT IS UNDER 18 YEARS OLD):

I have read and understand the *Background Information, Understanding and Assumption of Risk, and Insurance and Waiver of Legal Claims* sections of this document. I understand the nature and risks of the program activities. I, or my child participant, is voluntarily choosing to participate in the program activities. I have carefully read this agreement and understand its contents, and I sign it of my own free will. I am aware that this agreement includes a release of liability, and is a binding contract between the Santa Fe Mountain Center and myself, and it likewise shall be binding on my heirs, executors, administrators and assignees.

Additionally, if I am a Parent/Guardian of a Minor Participant, I have explained the nature of the activities and risks involved in participation with the Santa Fe Mountain Center.

Signature of ADULT Participant OR Parent/Guardian of Minor Participant	Date

AUDIO-VISUAL RECORDINGS RELEASE

(This is optional)

In order to provide quality services, photographs and/or video recordings may be taken of the SFMC sessions. These photographs/tapes are used as part of the program or to promote programs. The participants and/or the staff may review these photographs/tapes as a means for exploring personal interactions and behaviors. The photographs/videotapes will be destroyed following the participant's involvement in the program upon request. The photographs/videotapes will not be used for any other purposes not related to SFMC programs without the participant's written permission on a separate release form.

I give the Santa Fe Mountain Center the right and permission to use, reuse, and/or publish photographic and/or video graphic materials taken of me or my child while participating in the Santa Fe Mountain Center program(s). I understand that these photographs and videotapes may be used in educational settings, and/or in professional publications and/or conferences. I further understand that these materials can be used without limitation, reservation, or compensation, other than the receipt hereby given. I waive any right to inspect and/or approve the photograph and/or videotape. I further understand that my names and other identifying features (i.e., residency, place of residency, place of employment, and school) will be kept confidential. Any of these identifying features that may appear in a photograph or videotape will be omitted. This consent is given for any photographs and/or videotapes which have been taken, are about to be taken, or will be taken.

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Signature of ADULT Participant OR Parent/Guardian of Minor Participant

Date

CONFIDENTIAL MEDICAL HISTORY & AUTHORIZATION FOR MEDICAL CARE

Participant's Name: _____ Medical Health Insurance Carrier _____

Physician's Name and phone number: _____ Policy #: _____

*Because of the physical nature of some of the experiential activities, it is important for the facilitators to be informed of all medical conditions of the potential program participant. If you have had any of the following conditions or are currently experiencing them, please check **yes or no** next to the number and circle specific condition and/or give details next to the question. Use additional sheets, if necessary. If you have any questions about these statements, consult your physician.*

YES NO

1. Any problem with vision or hearing...requires glasses or hearing aid? _____
2. Any problems with teeth...use of denture or bridge? _____
3. Frequent infection of throat, tonsils, sinuses, ears? _____
4. Chronic cough, bronchitis, bloody sputum, or asthma? Do you carry an inhaler? _____
5. Dizzy spells, fainting convulsions, persistent headaches, or problems with motion sickness? _____
6. Chest pains on exertion or deep breathing? _____
7. Palpitation of the heart, irregular heart beat, heart murmurs or poor circulation? _____
8. Frequent nausea or vomiting, food intolerance or heartburn? _____
9. Frequent diarrhea or blood in the stool? _____
10. Frequent abdominal cramps or hernia? _____
11. Difficult or abnormal urinating, burning or pain on urination, or kidney infection or stones? _____
12. Chronic pain in neck, back, shoulders, arms or legs? _____
13. Broken bones, joint dislocations, swelling, stiffness or pain, serious sprains, weakness of muscles? _____
14. Any severe injury to head, chest, internal organs? _____
15. Chronic skin problems (rash, infection)? _____
16. ALLERGY to medicines, foods, materials, or insect bites? Do you carry epinephrine? _____
17. Extreme claustrophobia, agoraphobia, acrophobia (strong fear of confined places, open areas or heights)? _____
18. Episodes of depression, anxiety, hysteria or nervousness? _____
19. Excessive and continuing use of alcohol or drugs? _____
20. History of diabetes, thyroid trouble, bleeding problems? _____
21. Reaction to extremes of temperatures, frostbite? _____
22. Severe illness or operation requiring hospitalization or prolonged incapacitation? _____
23. CURRENTLY TAKING ANY MEDICATION? If so, what? _____
What are the side effects? _____
24. Current or recent pregnancy? How recent or how many months pregnant? _____
25. Do you smoke cigarettes? If yes, how many a day? _____
26. Any special dietary restrictions? (ie vegetarian/lactose intolerant?) _____

Comments: _____

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To the best of my knowledge, I or my child is physically and mentally able to participate in the Santa Fe Mountain Center program. I have (or have assisted my child) in completing the *Medical History* section with health information that is accurate, complete, and true to the best of my knowledge. Should I become incapacitated (or my child becomes ill or injured), I give permission for the SFMC staff to render first aid and to seek emergency medical and rescue services for myself or my child.

Signature of ADULT Participant OR Parent/Guardian of Minor Participant

Date

PARTICIPANT RIGHTS AND RESPONSIBILITIES

Participants in Santa Fe Mountain Center activities and programs have the following rights and responsibilities.

Participant Rights Statement

1. I have the right to receive competent and appropriate program services.
2. I have the right to information on the nature of care, procedures, and treatment that will be provided.
3. I have the right to receive answers to questions or concerns related to services provided.
4. I have the right to participate in the development of individual treatment plans and any subsequent recommendations.
5. I have the right to the knowledge of the credentials and experience of the staff responsible for my care.
6. I have the right to receive respectful treatment by staff.
7. I have the right to receive services that respect my dignity, and protect my health and safety.
8. I have the right to receive services regardless of gender, religion, race, creed, nationality, or sexual preference.
9. I have the right to be reasonably informed of the benefits and risks of all program activities.
10. I have the right to decline to engage in activities that cause me to feel at risk or unsafe, either physically or emotionally.
11. I have the right to be free from any physical or verbal abuse.
12. I have the right to remain free of physical restraints or time-out procedures unless such measures are required for providing effective treatment, or protecting the safety of self or others.
13. I have the right to confidentiality, which means that any personal information shared with SFMC staff may not be disclosed to anyone who is not directly associated with SFMC, without signed consent by the participant, or the participant's parent/guardian (if under 18 years of age). Exceptions to confidentiality are:
 - a. Court referrals
 - b. Threats of harm to self or others
 - c. Disclosure of alleged abuse or neglect
 - d. Signed Information Release to a specific individual or agency.
14. I have the right to request copies of records and reports about me (unless otherwise provided by law).
15. I have the right to initiate a complaint or grievance procedure and to receive appropriate information concerning this procedure upon request.

Participant Responsibilities Statement

1. I will attend all program activities. If there is some reason I cannot attend a program, I will notify staff in advance.
2. I agree to participate in all activities to whatever degree I am able.
3. I agree to abide by any special rules (situational) developed to ensure the health, safety, or and welfare of participants and staff.
4. I will read the above policies concerning my rights.
5. I will not carry knives, blades, firearms, or any weapon while participating in program activities.
6. I will refrain from the use of illegal drugs and from the use of alcohol while involved with the Santa Fe Mountain Center.
7. I will refrain from sexual remarks or contact with other participants.
8. I will stay within verbal contact distance unless staff has been succinctly notified of my intent to exceed this distance.
9. I agree to replace or pay for any property damage or loss due my negligence or acting out behavior. (Normal wear and tear is exempted from this agreement.)

I have read and understand that I or my child has these specific rights and responsibilities outlined in the *Participant Rights and Responsibilities* section. I also understand that I as a participant (or as a Parent/Guardian on behalf of a minor participant) have the right to file a grievance if I desire to do so. If I desire to file a grievance, a form for filing the grievance will be sent to me within five working days of its request, along with an outline of the procedures for filing the grievance. The grievance will be reviewed as soon as it is received by the SFMC, and a written response will ensue within five working days.

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Signature of ADULT Participant OR Parent/Guardian of Minor Participant

Date

FOR THE MINOR (UNDER 18) PARTICIPANT:

I have read (or have had explained to me) and I understand the nature and risks of the Santa Fe Mountain Center program activities. I also understand and agree to the rights and responsibilities listed in the *Participant Rights and Responsibilities* section of this document. I am voluntarily choosing to participate in the program activities.

Signature of Minor Participant: _____ Date: _____

CREATIVITY FOR PEACE RELEASE FORMS 2008

INFORMATION RELEASE

I hereby authorize the Santa Fe Mountain Center to disclose/exchange information in the form of records, reports, tests, observations, and professional communications (written/oral) about: _____
(Participant's Full Name)

Regarding evaluation, treatment, education and/or counseling to/with: _____
(Name of Agency or Referral Source)

Signature of ADULT Participant OR Parent/Guardian of Minor Participant	Date
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