

CAMP GOT2GO GENERAL AUTHORIZATION FORM

Camper Name: _____

Note: Please read the following information carefully. Every item on this page must be understood before signing.

I certify that I am the parent or legal guardian of the above-named Applicant.

I certify that I have provided accurate information in all parts of the application.

I understand that Applicant will be participating in many physical activities at Camp Got2Go, and its host site locations, hereinafter referred to as the "Camp".

I authorize Camp medical staff to contact Applicant's healthcare providers listed on Applicant's forms, to obtain additional medical information if necessary.

I authorize Crohn's and Colitis Canada to enter the applicant's information into Crohn's and Colitis Canada's patient database for the purpose of processing the application. From time to time, we may ask you to indicate whether you are interested in receiving emails and other information that match your requests. If at any time you wish to stop receiving these email communications from us, please let us know by emailing, calling or writing to us.

In addition, should the Applicant be selected to attend camp, they may be called upon to share their stories with the media (print, radio or television). We will contact you, the parent or legal guardian, to seek approval to share the Applicant's story.

By signing below, I attest that I have read, understand and agree with the application criteria and that the information I have provided is both accurate and true and I agree to abide by the terms contained in the application form. I certify that I am not an employee of Crohn's and Colitis Canada or Pfizer Inc., or an immediate family member of a Crohn's and Colitis Canada or Pfizer Inc. employee.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____