Road to Rainbow
Permission and Waiver and Release of Liability Form

The Jewish Community Center ("JCC") is offering an activity called "Rainbow Day Camp" for patients of Children's Hospital of Wisconsin, Inc. ("Children's Wisconsin"). The JCC employees and volunteers offer a variety of activities for the participants. Children's Wisconsin staff will be available to offer general support for activities. Information about the JCC and Rainbow Day Camp is available on the JCC's website: https://www.jccmilwaukee.org/

Participants: Families that are grieving a death of a child.

Date: August 22, 2026 from 8:00am-8:00pm

Location: Albert & Ann Deshur JCC Rainbow Day Camp
W3985 Trails End Road
Fredonia, WI 53021

Transportation: Busing is arranged by the JCC and is available to and from the event. Participants will be picked up and dropped off at the Children's Corporate Center. The bus will leave this location at approximately 7:00am and return to this location at approximately 9:00pm.

Children's Corporate Center
999 North 92nd Street
Milwaukee, WI 53226

Please check one box:

☐ My child(ren) will ride the JCC provided bus.
OR
☐ Parent/legal guardian will provide transportation to and from the event.

Activities: Activities that may be offered typically occur outside, are weather dependent and may include, but are not limited to, the following: crafts, swimming, community projects, social skills games, playing on the playground or in the gym, nature walks, and sensory play (lights, textures, sounds and movement toys).

Meals: The JCC provides a buffet-style lunch and dinner for the participants.

Medical Clearance: It is the parent/legal guardian's responsibility to discuss their and their child(ren)'s participation with their and their child(ren)'s health care provider and to ensure that they and/or their child(ren) are medically appropriate to participate in the events.

Behavioral Expectations: Participants are expected to participate with limited supervision. This means that your child(ren) must be able to manage their own behaviors and act in the following respectful, safe and responsible manner:

- Be respectful to others. Use appropriate language.
- Stay with the group, in close proximity to other participants/staff, and not walk/run away.
- Be responsible for own belongings and actions. Not damage property or hurt themselves or others.
- Sit on a bus for 30 minutes or longer twice a day (if applicable).

- Manage own allergies.
- Eat in a group setting.
- Sit and pay attention to group activities.
- Spend the majority of the day outdoors, on unpaved and possibly uneven terrain.
- Be without electronic devices.
- Listen and follow directions.
- Maintain a positive attitude.
- Manage hygiene needs independently.
- Not smoke, vape or use alcohol or illegal drugs. Not have weapons or exhibit any other illegal behavior.

I understand that it is my responsibility to determine whether my child(ren) can adhere to these behavioral expectations. I also understand that if my child(ren) is/are unable to demonstrate the appropriate behaviors and/or cause(s) disruption or an unsafe environment, I will be required to pick my child(ren) up within one hour of notification. Additionally, I am responsible for all damage caused by my child(ren).

Medication Administration and/or First Aid: I give my permission for Children's Wisconsin staff to provide first aid to me and/or my child(ren) if needed and/or to administer medication(s) that I have provided and listed on this form if needed.

Photographs/Recordings:
I give permission for photographs and/or recordings of me and/or my child(ren) to be taken and used by Children's Wisconsin. All rights therein are and shall remain the property of Children's Wisconsin, its successors and assigns. Children's Wisconsin may use the photographs and/or recordings, without compensation, in any and all forms now or hereafter known (print, website, social media, etc.). Children's Wisconsin is not responsible for photographs and/or recordings taken by others.

Waiver and Release of Liability
I understand that my and my child(ren)'s participation in this event may involve some risk, including injury or illness, with losses which may result not only from my and my child(ren)'s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. I certify that my and my child(ren), who may have a chronic health condition are in good health, are able to meet the behavioral expectations and there is no medical reason preventing my and/or my child(ren)'s safe participation in this activity. In consideration for my and/or my child(ren)'s participation in the activity, I agree to forever waive all claims and causes of action against Children's Hospital of Wisconsin, Inc., its affiliates, directors, officers, employees, volunteers and agents (collectively, the "Released Parties") and release from all liabilities, demands, claims, losses, costs or damages arising out of or related to my and/or my child(ren)'s participation in this event. I understand that this release excludes any harm or loss caused intentionally or recklessly by the Released Parties.

I have read this waiver and release of liability agreement and understand the terms used in it and their significance. This waiver and release of liability agreement is freely and voluntarily given with the understanding that right to legal recourse is given up in return for allowing my and/or my child(ren)'s participation in this event. I also waive the right I or my child(ren) have to bargain for different waiver and release of liability terms. My signature on this document is intended to bind myself and my and my child(ren)'s successors, heirs, representatives, and assigns.

Participant Information:

Participant #1 Name: _____ Sex: _____
Date of birth: _____ Grade fall 2026: _____
Allergies/Special Needs: _____

Participant #2 Name: _____ Sex: _____
Date of birth: _____ Grade fall 2026: _____
Allergies/Special Needs: _____

Parent/Legal Guardian Information:

Parent/Legal Guardian #1
Name: _____ Relationship to participant: _____
Telephone number where I can be reached during the event: _____
Alternate telephone number: _____
Address: _____
☐ Yes, I will attend with my child(ren)(if applicable).

Parent/Legal Guardian #2

Name: _____ Relationship to participant: _____
Telephone number where I can be reached during the event: _____
Alternate telephone number: _____
Address: _____
☐ Yes, I will attend with my child(ren)(if applicable).

I have read this information and understand this is a program of the JCC. I agree to the terms listed herein and I give permission for my child(ren) to participate in this event and its activities.

***Each minor participant must have a parent/legal guardian sign below.**
***Each adult attendee/participant must also sign below.**

Signature: _____
Parent or Legal Guardian of Participant(s)

Relationship to Participant(s): _____ Date: _____

Signature: _____ Date: _____
Parent/Legal Guardian Attendee/Participant

Signature: _____ Date: _____
Parent/Legal Guardian Attendee/Participant

*****This form must be completed and returned to {fill in name} two weeks before the event.**

Please list medications that you are providing to the staff to be given to your child(ren) during this event (8am-8pm):

Participant's Name: _____ Date of birth: _____

Medication	Time/Dosage	Prescribing Physician	Condition

Participant's Name: _____ Date of birth: _____

Medication	Time/Dosage	Prescribing Physician	Condition