



EXHIBIT "B"
CAMP RELEASE FORM

*This agreement must be read and signed for you/your child to be eligible to attend the **COCAcon 2026** at Camp Kamassa.*

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my loved one's participation in the **COCAcon 2026** and its activities at Camp Kamassa is completely voluntary. I have familiarized myself with the **Children's Oncology Camping Association** and activities at Camp Kamassa in which I/my loved one will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Camp Kamassa has taken safety measures to minimize the risk of injury to camp participants, Camp Kamassa cannot insure or guarantee that the participants, equipment, premises, or activities will be free of hazards, accidents, or injuries. I recognize and/or have instructed my loved one in the importance of knowing and abiding by the rules, regulations, and procedures for the **COCAcon 2026** at Camp Kamassa. Further, I have received approval from a doctor authorizing me/my loved one to participate in the **COCAcon 2026** activities at Camp Kamassa. I also agree to inform Camp Kamassa of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that accidents occasionally occur during camp activities and that participants may sustain serious personal injury, and property damage consequently thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Kamassa, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents, and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my loved one during or related to my/my loved one's attendance at the **COCAcon 2026** at Camp Kamassa.

II. MEDIA RELEASE

I do do not give Camp Kamassa the right to interview and/or to take photographs, audio, or audio-visual

recordings of me/my loved one to be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets, and brochures. I understand my/my loved one's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. Camp Kamassa shall have the right to use photographs or other images of me/my child in promotion, educational, or fundraising materials. I acknowledge that Camp Kamassa shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Kamassa and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by Camp Kamassa. In addition, I waive all rights, interest, or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form.

X _____
Parent / Guardian / Self Signature

Date