



CAMP MARIPOSA®

2023 NEW CAMPER PACKET

Camp Mariposa Location

Type text here

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Anderson, SC | <input type="checkbox"/> Everett, WA | <input type="checkbox"/> Nashua, NH | <input type="checkbox"/> Sarasota, FL |
| <input type="checkbox"/> Bloomfield, IN | <input type="checkbox"/> Southwest OH | <input type="checkbox"/> New Orleans, LA | <input type="checkbox"/> South Bend, IN |
| <input type="checkbox"/> Chicago, IL | <input type="checkbox"/> Indianapolis, IN | <input type="checkbox"/> Philadelphia, PA | <input type="checkbox"/> St. Petersburg, FL |
| <input type="checkbox"/> Dandridge, TN | <input type="checkbox"/> Irvine, KY | <input type="checkbox"/> Southern WV | <input type="checkbox"/> Southwest WA |
| <input checked="" type="checkbox"/> Dayton, OH | <input type="checkbox"/> Eastern WV | <input type="checkbox"/> San Diego, CA | <input type="checkbox"/> Other: _____ |



2023 CAMP MARIPOSA® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, (print name of Parent/Guardian or Adult Participant), understand that Eluna desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Mariposa® as a camper, employee, volunteer or visitor. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Mariposa and its related activities. I also understand that, as part of my or my child's participation in Camp Mariposa, I or my child may be exposed to or experience Harm (defined below), including as a result of infection by COVID-19 (also known as SARS-CoV-2 or the coronavirus) ("COVID 19"). By this Consent and Release Agreement ("**Consent and Release**"), I hereby grant certain rights to Eluna and release Eluna from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer or visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). This Consent and Release confirms my child's and my grant of rights and our agreement is as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna and its directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Mariposa, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("**Images and Remarks**"); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Mariposa for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose ("**Promotional Materials**"). I understand that this Consent and Release will cover all of my or my child(ren)'s future participation at any Camp Mariposa activities.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna therefor.

2. Contact. Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes, unless I opt out below.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its directors, officers, employees and advisors (collectively, the "**Released Parties**") from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contract, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "**Harm**") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Mariposa, including any Harm or infection caused by exposure to COVID-19 that I or my child(ren) may experience by attending Camp Mariposa activities. Camp Mariposa and Eluna **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Mariposa activities could increase** your risk and your child(ren)'s risk of contracting COVID-19. By signing this Consent and Release, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Mariposa activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Mariposa activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Camp Mariposa and their respective directors, officers, employees, agents, volunteers, or program participants and their families. I understand that this waiver will cover all of my or my child(ren)'s future participation at any Camp Mariposa activities. I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at or participation in Camp Mariposa activities. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND

(over please)

AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS. If any provision of this Release is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

4. **Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Mariposa is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Mariposa, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Mariposa, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. **Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. **Governing Law.** This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. **Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Participant or Parent/Guardian of Participant

Participant is a: ☐ Youth Camper ☐ Jr. Counselor/Alumni/Teen ☐ Family Member ☐ Mentor ☐ Volunteer/Visitor

Youth Name (if applicable): _____ Date of Birth: _____

Youth Email (optional*): _____

Parent/Guardian/ Mentor/ Family Member/ Volunteer / Visitor Name: _____

Address: _____

City, State and Zip: _____

Phone Number: ☐ Mobile ☐ Home _____

Email: _____

☐ I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: _____ Date: _____

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)



January 1, 2019

Dear Camp Mariposa Director,

Attached is the official Camp Mariposa Notice of Informed Consent document. Informed consent is the process of gaining permission from involved parties before conducting an intervention or collecting personal information. The Camp Mariposa informed consent document has been drafted as a part of a comprehensive research project. The purpose of this document is to gain permission from parents/guardians and assent from campers for data collection over the course of their involvement with Camp Mariposa.

This is a full disclosure document. It is essential because all involved parties must have full knowledge and understanding of the project's purpose, as well as, possible benefits and risks associated with distributed assessments and evaluation related documents. This process is voluntary and it is the right of campers and their families to forfeit involvement at any time. All campers must return a signed informed consent document in order to participate in any information (e.g. Data) sharing activities (e.g., surveys, questionnaires, and assessments). Informed consent is required in accordance with Camp Mariposa's Evaluation processes.

Thanks for your continued support with this endeavor,

The Camp Mariposa Evaluation Team

Active Date: 1/1/2017



Notice of Informed Consent

Dear Camp Mariposa Participant & Parent/Guardian,

Important Notice: Please read this consent document before proceeding

Purpose:

Camp Mariposa is collecting information on participants for organizational, research, and evaluation purposes. Through this effort, we hope to continuously improve the Camp Mariposa program. By proceeding and signing the bottom of this page, you have agreed to participate. This program evaluation is being conducted by Camp Mariposa and Eluna, in conjunction with researchers at Louisiana State University Health Sciences Center (LSUHSC) School of Public Health with funding from the U.S. Department of Justice- Office of Juvenile Justice and Delinquency Prevention. We appreciate your participation.

Risks and Benefits:

The Camper application, Camper exit interview, Camp Mariposa Pre Packet, brief follow up phone interview, and Youth Questionnaire include items regarding family history, substance use, juvenile justice involvement, peer relationships, mentor relationships, education, and quality of life. If these topics make you uncomfortable or you do not care to answer, you may choose not to answer. The collection of this information and the subsequent evaluation process poses minimal risk as Camp Mariposa ensures confidentiality of your information.

Right to Privacy:

All forms and materials will be maintained by Camp Mariposa staff and any data shared for research or evaluation purposes will be made anonymous to protect participant confidentiality. The results of any research or evaluation may be released to Camp Mariposa management, Eluna, and the U.S. Department of Justice- Office of Juvenile Justice & Delinquency Prevention. If the results of any study are shared or published, the privacy of camp participants and their families will be protected and they will not be identified in any way.

Right to Participate or Withdraw:

This notice is distributed to all Camp Mariposa campers and their parents/guardians. Participation is completely voluntary, and you may request to withdraw consent, choose not to answer any question on our forms, and/or ask questions at any time. There is no incentive for participating at this time other than knowing you are helping us develop our program to help future campers and their families.

Active Date: 1/1/2017

Assent & Consent:

Below we request the assent of Camp Mariposa campers and the consent of camper parents/guardians. Your signatures mean that you have read this form in its entirety, comprehend the consent, and are willing to participate in sharing your information for program evaluation and research purposes.

Parent/ Guardian signature for consent: _____ Date: _____

Parent/ Guardian printed name for consent: _____

Signature of Camper for assent: _____ Date: _____

Printed name of Camper for assent: _____

Thank you for your time and consideration in this matter.

Sincerely,

The Camp Mariposa Team

For any questions about this form or the research/evaluation project, please contact:

Brian J. Maus, MA, LMFT
Director of Addiction Prevention and Mentoring
Programs brianmaus@elunanetwork.org or 267-563-7462



CAMP MARIPOSA®

2023 YOUTH APPLICATION

Camp Mariposa Program:

☐ Alumni ☐ Teen ☐ Junior Counselor ☐ Camper (Youth ages 9-12)

How did you learn about Camp Mariposa?

☐ CM Director ☐ CM Parent ☐ Friend
☐ Therapist ☐ School ☐ Social Worker/Case Manager
☐ Social Media ☐ Eluna Website ☐ Other: _____

Youth Applicant Information

First Name: _____ **Last:** _____ **MI:** _____

Date of Birth (mm/dd/yy): _____ **Age:** _____ **Preferred Name/Nickname:** _____

Gender: ☐ Female ☐ Male ☐ Nonbinary/Nonconforming ☐ Prefer to self-describe: _____

Street Address: _____ **Apartment/Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Youth applicant t-shirt size: Youth Size: ☐ S ☐ M ☐ L ☐ XL

Adult Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Has the youth applicant ever spent the night away from home? ☐ Yes ☐ No

The following information is used to gather demographic statistics.

Does the youth applicant qualify or receive free lunch at school? ☐ Yes ☐ No

Race/Ethnicity of Youth Applicant: ☐ African American/Black ☐ American Indian/Native American
☐ Hispanic/Latino ☐ Pacific Islander ☐ White/Caucasian
☐ Asian ☐ Multi-racial (please select all that apply) ☐ Other Race/Ethnicity: _____

Has the youth applicant ever been involved with the juvenile justice system? ☐ Yes ☐ No

If yes, please check all that apply:

☐ Arrested ☐ Held in juvenile detention ☐ Placed on probation
☐ Went to court ☐ Involved for status offense (example: truancy, runaway, ungovernable)
☐ Other: _____

Has the youth applicant ever received services from this organization? ☐ Yes ☐ No

Youth Activities

Does youth applicant participate in any of the following outside of this program (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Religious Activities | <input type="checkbox"/> Sports | <input type="checkbox"/> Boys and Girls Club | <input type="checkbox"/> Boys/Girls Scouts |
| <input type="checkbox"/> YMCA Activities | <input type="checkbox"/> Big Brothers/Big Sisters | <input type="checkbox"/> Dance/Theater Art | <input type="checkbox"/> 4H |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Other: _____ | |

Is the youth applicant currently in counseling? ☐ Yes ☐ No

Youth Family Information

Youth applicant lives with (check all that apply):

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncle(s) |
| <input type="checkbox"/> Group & Residential Staff/Program | | <input type="checkbox"/> Other: _____ | | |

Youth applicant's family member who has struggled, past or present, with the disease of addiction (check all that apply):

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncle(s) |
| <input type="checkbox"/> Other: _____ | | | | |

Please indicate the type of substance(s) the youth applicant's family member(s) has struggled with (check all that apply):

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogens (LSD, PCP, etc.) | <input type="checkbox"/> Stimulants (Cocaine, Meth, Adderall, etc.) |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Opioids (Heroin, Fentanyl, Oxycodone, etc) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Prefer Not to Say | |

Youth applicant has a family member/guardian in the military (past or present): ☐ Yes ☐ No

If yes, please indicate all branches that your family has an affiliation with:

- | | | | | | |
|-------------------------------|-------------------------------|---------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Air Force | <input type="checkbox"/> National Guard | <input type="checkbox"/> Coast Guard |
|-------------------------------|-------------------------------|---------------------------------------|------------------------------------|---|--------------------------------------|

If yes, please indicate the status of the family member(s) with military affiliation:

- | | | |
|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Reserve | <input type="checkbox"/> Retired/Veteran |
|---------------------------------|----------------------------------|--|

If **yes**, please indicate the family member(s) who were or are in the military (check all that apply):

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Siblings | <input type="checkbox"/> Cousins | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncles |
| <input type="checkbox"/> Other: _____ | | | | |

Youth Applicant History

Camp Mariposa has been providing services for youth and families experiencing issues such as addiction, poverty, abuse and mental health for over a decade. We recognize the following questions may be sensitive information to share, but this will help us plan and prepare a program that will benefit all youth. In the event of current abuse of any type, Camp Mariposa staff are mandated reporters.

Mental Health

Has the youth applicant or anyone in his/her family experienced mental health issues? ☐ Yes ☐ No

If **yes**, Please indicate who has had this experience (check all that apply):

- | | | | |
|-------------------------------------|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Sibling (brother/sister) |
| <input type="checkbox"/> Uncle/Aunt | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Cousin | <input type="checkbox"/> Other: _____ |

Abuse/Neglect

Has youth applicant experienced abuse? ☐ Yes ☐ No

If **yes**, please indicate type of abuse (check all that apply):

- | | | |
|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Neglect | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Verbal | <input type="checkbox"/> Other: _____ |

Foster Care/Kinship Care

Has the youth applicant been in foster or kinship care? ☐ Yes ☐ No

If **yes**, please indicate the youth applicant's status in kinship care or the foster care system:

- | | |
|--|---|
| <input type="checkbox"/> Previously in foster or kinship care | <input type="checkbox"/> In foster care, but in the process of reunifying with their family |
| <input type="checkbox"/> Currently in kinship/foster care/group care | |

Grief/Loss

Has the youth applicant experienced grief or loss such as loss due to death, separation or incarceration?

☐ Yes ☐ No

If yes, please specify:

Parent/Guardian Contact Information

First Name: _____ Last: _____ MI _____

Preferred/Nickname (if any): _____ Age: _____ Date of Birth (mm/dd/yy): _____

Gender: ☐ Female ☐ Male ☐ Non-conforming/Nonbinary ☐ Prefer to self-describe: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to applicant: _____

Email: _____

Emergency Contacts

Please list 2 people other than you to contact in case of emergency at camp.

Emergency Contact #1

Name: _____ Relationship to applicant: _____

Preferred Phone Number: _____ Phone Type: ☐ Cell ☐ Home

Emergency Contact #2

Name: _____ Relationship to applicant: _____

Preferred Phone Number: _____ Phone Type: ☐ Cell ☐ Home

Additional Youth Information

Please list any special needs or physical challenges the youth applicant has:

Please tell us what it would mean for the youth applicant to participate in the Camp Mariposa program:

Please list any hobbies/interests the youth applicant has:

Acknowledgment

- ☐ **Camper:** I understand that Camp Mariposa is a yearlong program. I will make every effort to attend each weekend camp and a majority of the activities that will be held during the coming year.
- ☐ **Junior Counselor:** I understand that the Junior Counselor program is a leadership program for Camp Mariposa alumni interested in gaining valuable experience by assisting staff and supporting campers. I will make every effort to attend all weekend sessions I am invited to and a majority of the additional activities that will be held during the coming year.
- ☐ **Teen Alumni:** I understand that as a teen participant of the Camp Mariposa teen program, I will be invited to attend special activities. I will make every effort to attend all activities during the coming year.

Parent/Guardian Signature: _____ Date(mm/dd/yy): _____