

I understand that the information on this application is submitted for the use and benefit of both Camp Sol and Camp John Marc for any specific camp session. I consent to either or both Camp Sol or Camp John Marc checking my references (listed or unlisted), and/or conducting a criminal and other background check. I understand that if my application is not accepted, I may not be given a reason for that decision and that if selected, my position will be unpaid and "at will," and can be terminated at any time by Camp Sol or Camp John Marc.

If my application is accepted, I grant Camp Sol and Camp John Marc permission to use, without compensation, my likeness or my voice in television, film, video, film, print or other media used to promote or publicize Camp Sol or Camp John Marc; provided these materials are distributed without a specific charge to the recipient except for the cost of procuring any mass media materials in which they are incorporated.

I acknowledge that during the camp program(s) that I have applied to attend that certain risks and dangers exist. These include, but are not limited to the hazards of boating, swimming, horseback riding, riflery, archery, sports, ropes or challenge course exercises, climbing structures, wilderness hiking and camping, the presence of wildlife, depending on other people, accident or illness, the forces of nature, extreme temperature, inclement weather, and travel by air, train, boat, automobile, or other conveyance. I also recognize that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury, not excluding fatality due to accidents which may occur, including accidents resulting from vigorous outdoor activities. I further understand that emergency medical treatment may be several hours away in the event of a medical emergency due to the remote location of the facility.

I am not under, and will not be under the influence of any chemical substance (except prescription medicine), including alcohol, while at camp or traveling to or from camp. I understand that my participating in this program is entirely voluntary and that I can elect to participate, decline to participate, or limit or discontinue participating at any time. I have applied for this program and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions, and I understand Camp Sol's and Camp John Marc's decisions to allow me to participate as based on information I have given in my health statement.

In consideration of the right to participate in a camp program and the services and food arranged for me by Camp Sol and/or Camp John Marc and their respective shareholders, members, directors, officers, employees, agents, volunteers, and/or associates, I have and do hereby assume all the above and similar risks whether or not specifically foreseeable, and will hold all of them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with participation in any activities arranged for me by Camp Sol and/or John Marc and their respective shareholders, members, directors, officers, employees, agents, volunteers, and/or associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minor children of mine accompanying me. I acknowledge and agree that I will not sue Camp Sol or Camp John Marc, and that if I do, I cannot collect any money for any injury to person or property. To the extent that this agreement may ever be construed so as not to effect a full release or to be otherwise less than fully enforceable, it shall be construed as a full release of Camp Sol and Camp John Marc and such other related persons from any liability for gross negligence, negligence, or strict or absolute liability. I agree to be liable for attorney and court fees associated with any unsuccessful litigation brought by me against Camp Sol and/or Camp John Marc or such other related parties.

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*Date*

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*Applicant Signature*



**Background Verification Release Form**

**AGENCY INFORMATION**

|                            |                     |
|----------------------------|---------------------|
| Date                       | Agency Name         |
| Contact Name               |                     |
| Agency's Main Phone Number | Agency's Fax Number |

**APPLICANT INFORMATION:**

|   |  |                              |              |
|---|--|------------------------------|--------------|
| Applicant Full Name (Last, First, MI)                                       |  | Maiden or Other Name(s) Used |              |
| Current Address   | City   | State                        | Zip Code     |
| If Different, Address Prior 5 Years-City, State                             |  |                              |              |
| Social Security Number  | Date of Birth  | Driver's License Number      | State Issued |
| Position Applied For  |  |                              |              |
| <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Other |                              |              |

I hereby authorize VERIFIY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)