

Camp Amistad 2025



Welcome! For those campers and families who are new to Camp Amistad; in 1997, UMC and the Lubbock Fire Department joined forces to create the first Camp Amistad. The purpose of this camp is to provide a fun, supportive environment for people to interact with others who have similar experiences. We look forward to providing this opportunity to our families year after year.

Camp Amistad is free to all campers and their families. We hope that by including the families and siblings of the campers, it will bring us closer together and help build relationships. Camp will be at the **Talkington YWCA at Sun n' Fun**. The address is 6204 Elgin Ave. Lubbock, TX 79413.

Camp Amistad will be **Saturday, June 21, 2025, from 9:00 AM - 3:00 PM**. We will be at the Sun n' Fun aquatic center from 9:00am-12:00pm and then will move next door to the beautiful park from 12:00pm-2:00pm for lunch and fun activities. As the camp continues to grow, we must work hard to care for our campers in a safe and enjoyable environment. We ask families to help us prepare for camp in an efficient manner with the following instructions:

1. Complete and return the registration packet or email to: **Camp.Amistad@UMCHealthSystem.com**
2. A camper waiver and release form are required for **every** participant (including family members) at camp. You can make copies on your own or call us and we can send you additional forms. Please make note of "Adult Participant" or "Child Participant" on the forms.
3. Be prepared to stay at the event with your family throughout the day to enjoy meeting other campers and their families.

We hope you will be able to attend camp this year. Please respond to this invitation by completing and returning the registration form no later than **May 30, 2025**. We will also be happy to answer any questions you may have regarding camp by calling **(806) 775-8663** or email us at:

Camp.Amistad@UMCHealthSystem.com

We want to thank each of you for your support of Camp Amistad. As each year's camp nears, we look forward to seeing each of you.

-Maria Long, Camp Director & Camp Amistad Volunteers

CAMP AMISTAD 2025

Talkington YWCA at
Sun n' Fun

Saturday, June 21, 2025
9:00 AM to 3:00 PM

WHAT TO BRING TO CAMP AMISTAD

- Pillow and blanket (for little ones in case they need a nap)
 - Towels
 - Change of clothes
 - Swimsuit(s) and Swim-Diapers if needed.
 - Pool shoes
 - Hats
 - Sunglasses
 - US Coast Guard approved floatation devices (no blow-up floaties allowed)
 - Optional items: camera, journal
- We will provide: Bug spray, sunscreen, meals, snacks, and refreshments.

WHAT NOT TO BRING TO CAMP

- No weapons, fireworks, drugs, alcohol, firearms, curling irons, radios, or valuables that could be lost.

Please label all clothes and personal items. We are NOT responsible for lost items.

We would like to thank our sponsors for their overwhelming support for many years in funding and supporting Camp Amistad:

Glasheen, Valles, and Inderman, LLP

Registration Deadline: May 30, 2025

RETURN PACKET TO:

**TJH Burn Center
UMC Health System
602 Indiana Avenue
Lubbock, TX 79415**

For questions or concerns on the day of camp,

please call or text:

Maria Long, Camp Amistad director

806-632-1762 (cell)

Camp Amistad Registration Form

2025

Burn Survivor

Last Name	First Name	Nick Name
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Age	Date of birth	Gender
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Camper's Mailing Address	City/State/Zip
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(Area code) Phone	Email address
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Parent/Guardian(s) (if survivor is a child)

Parent/Guardian(s) Name

Parent/Guardian(s) Mailing Address	City/State/Zip
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(Area code) Day Phone	(area code) Night Phone
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Emergency Contact

If parents can't be reached, in case of an emergency, please call:

Name	Relationship	(area code) Phone Number
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Name	Relationship	(area code) Phone Number
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Name	Relationship	(area code) Phone Number
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Interests/Likes

What is your family/children “in” to, favorite books, games, toys, hobbies, etc.? This helps us make sure we have fun prepared for every family.

Allergies to medications or foods

Food Preferences/Requirements

Please list any food preferences you would like available for your family, and we will try to accommodate.

Medical History

Please list any important medical information you feel it is important for us to know.

Personal History

Have you ever felt that your body was ugly?

Are there any current problems that you are having now?

Is there anything else you wish to share?

Burn Injury

Please share the circumstances surrounding your injury. We realize that this may be painful, but it will help us to understand where you have been, therefore helping the volunteers to better deal with the emotional situations should they arise.

How did the burn occur?

How old were you when you were burned? _____

What was the percentage body surface area of the burn? _____

What parts of the body were burned?

Recreation History

Swimming:

- Can jump off diving board into 12ft. deep water and swim to poolside
- Can swim well **without** life jacket
- Can swim **with** life jacket
- Just learning how to swim
- Cannot swim, do not want to swim
- Is afraid of the water

Please list any restriction to activities:

**Camp Amistad
Camper Agreement, Waiver, and Release Form**

Child Participant

The minor child named below wishes to participate in Camp Amistad, a camping program for children of all ages who have sustained a burn injury. The Minor child referred to as “Participant” in this agreement. The Lubbock County Hospital District, d/b/a UMC Health System, University Medical Center, its directors, officers, employees, volunteers, contributors, representatives and participants in Camp Amistad are referred to in this agreement as “UMC.”

I agree to the following:

- I am the parent or legal guardian of the Participant and have full and complete authority to execute this agreement.
- I am at least 18 years of age and freely choose for the Participant to participate in the Camp Amistad program.
- **The program may include swimming, basketball, volleyball, jumping, use of inflatable activity centers, arts and crafts, and other general group activities. I UNDERSTAND THAT PARTICIPATION IN THE CAMP ACTIVITIES INVOLVES RISK OF BODILY INJURY INCIDENTAL TO THIS TYPE OF ACTIVITY. ANYONE PARTICIPATING IN AN ACTIVITY DOES SO AT HIS OR HER OWN RISK AND SHOULD BE MEDICALLY CLEARED BY A DOCTOR. PARTICIPANTS SHOULD SEEK OUT MEDIAL GUIDANCE PRIOR TO ENGAGING IN ANY TYPE OF PHYSICIAL ACTIVITY. INCREASED PHYSICAL ACTIVITY MAY BE DANGEROUS FOR SOME PEOPLE.**
- UMC assumes no responsibility for any illness (including COVID-19), accidents, injuries, or damages as a result of any person's voluntary participation in any Camp Amistad activities or events.
- I give my consent for video, audio, photographs, or slides to be taken of the Participant while participating in Camp Amistad. I agree that these photos may be used in the future to show other persons about Camp Amistad. I agree that the images or audio may also be selected for future UMC or Camp Amistad brochures and/or videos. I understand that I and the Participant will receive no compensation for the Participant’s time and services and waive all personal rights to the photographs, video, and audiotapes. I waive all claims to compensation or damages based on the use of the image or voice, or both, by UMC. I also waive any right to inspect or approve the finished photograph, video, or audiotape.
- If the media, either television, radio, or newspaper/magazine, comes to Camp Amistad, I give my permission and consent to use photo, audio, film, or video of the Participant concerning Camp Amistad.
- I, on behalf of myself and the Participant, hereby waive, release, and forever discharge UMC of and from all liability, claims or demands whatsoever, except for those resulting from reckless or willful misconduct, due to personal injury or loss or damage to property arising out of participation in Camp Amistad.

- I authorize UMC to employ emergency medical treatment necessary during the Participant's participation in camp Amistad, if in UMC's judgment, the Participant's condition, because of injury, illness or otherwise, requires such emergency treatment. I, on behalf of myself and the Participant, hereby waive, release, and forever discharge UMC of and from all liability, claims or demand whatsoever for such treatment and related decisions, acts, and omissions made in good faith. I understand and agree that I am responsible for the cost of emergency and medical treatment.
- The agreement is binding on me and my and the participant's assigns, successors, beneficiaries, and heirs.
- By signing this agreement and Release, I acknowledge and represent that I have read, and I understand: (1) each of the provisions contained in the Agreement and Release and (2) the risks and dangers of the activities in which the Participant will participate during the Camp Amistad.

<hr/> Printed Name of Participant	
<hr/> Printed Name of Parent/Legal Guardian	<hr/> Printed Name of Witness
<hr/> Signature of Parent/Legal Guardian	<hr/> Signature of Witness
<hr/> Date	<hr/> Date

CAMP AMISTAD
Camper Agreement, Waiver and Release Form

Adult Participant

The adult person named below wishes to participate in Camp Amistad, a camping program for minors and adults who have sustained a burn injury. The person is referred to as “Participant” in this Agreement. The Lubbock County Hospital District, d/b/a UMC Health System, University Medical Center, its directors, officers, employees, volunteers, contributors, representatives, and participants of Camp Amistad are referred to in this agreement as “UMC.”

I agree to the following:

- I have full and complete authority to execute this agreement.
- I am at least 18 years of age and freely choose to participate in the Camp Amistad program.
- **The program may include swimming, basketball, volleyball, jumping, use of inflatable activity centers, arts and crafts, and other general group activities. I UNDERSTAND THAT PARTICIPATION IN THE CAMP ACTIVITIES INVOLVES RISK OF BODILY INJURY INCIDENTAL TO THIS TYPE OF ACTIVITY. ANYONE PARTICIPATING IN AN ACTIVITY DOES SO AT HIS OR HER OWN RISK AND SHOULD BE MEDICALLY CLEARED BY A DOCTOR. PARTICIPANTS SHOULD SEEK OUT MEDICAL GUIDANCE PRIOR TO ENGAGING IN ANY TYPE OF PHYSICAL ACTIVITY. INCREASED PHYSICAL ACTIVITY MAY BE DANGEROUS FOR SOME PEOPLE.**
- UMC assumes no responsibility for any illness (including COVID-19), accidents, injuries, or damages as a result of any person's voluntary participation in any Camp Amistad activities or events.
- I give my consent for video, audio, photographs, or slides to be taken of me while participating in Camp Amistad. I agree that these photos may be used in the future to show other persons about Camp Amistad. I agree that the images or audio may also be selected for future UMC or Camp Amistad brochures and/or videos. I understand that I will receive no compensation for my time and services and waive all personal rights to the photographs, video, and audiotapes. I waive all claims to compensation or damages based on the use of the image or voice, or both, by UMC. I also waive any right to inspect or approve the finished photograph, video, or audiotape.
- If the media, either television, radio, or newspaper/magazine, comes to Camp Amistad, I give my permission and consent to use photo, audio, film, or video of me concerning Camp Amistad.
- I hereby waive, release, and forever discharge UMC of and from all liability, claims or demands whatsoever, except for those resulting from reckless or willful misconduct, due to personal injury or loss or damage to property arising out of participation in Camp Amistad.
- I authorize UMC to employ emergency medical treatment necessary during my participation in Camp Amistad, if in UMC’s judgment, my condition, because of injury,

illness or otherwise, requires such emergency treatment. I hereby waive, release, and forever discharge UMC of and from all liability, claims or demand whatsoever for such treatment and related decisions, acts, and omissions made in good faith. I understand and agree that I am responsible for the cost of emergency and medical treatment.

- This Agreement is binding on me and my assigns, successors, beneficiaries, and heirs.
- By signing this Agreement and Release, I acknowledge and represent that I have read, and I understand: (1) each of the provisions contained in this Agreement and Release and (2) the risks and dangers of the activities in which I will participate during the camp.

<hr/> Printed Name of Participant	<hr/> Printed Name of Witness
<hr/> Signature of Participant	<hr/> Signature of Witness
<hr/> Date	<hr/> Date