Special Camps

"This is the best week of my whole life"

January 9, 2022

Howdy Returning Staff,

Happy New Year Special Camps family! Your friends from Special Camps are over the moon with anticipation of going to Special Camps this summer!!! Last year's camp was very small 46 campers per week, (we were so grateful to have that opportunity), but we also missed so much of our camp family. Campers and their families are ready to return… and we hope you are too! **Are you ready for all the love, laughter and exhaustion that could only mean Special Camps?**

June 5- 10 for Adult Campers age 24+
June 12 – 17 for Campers ages 8 – 23 and
June 19 - 24 for a second Adult Camp ages 24+

COVID requirements for everyone! Please read carefully, to assure you are able to following the COVID rules at camp.

- All will be required to provide a copy of COVID Vaccination or recent rapid COVID test.
- All to wear masks over both nose and mouth while indoors except when on your own bed, eating or showering, unless the Governor indicates masks no longer necessary… like last summer. No masks outdoors.
- Increase capacity to about 70%.
- No bus available for campers or volunteers.

COVID Safety Precautions:

- Check in / Check out will again be drive through style. Only campers get out of the car.
- Cohorted groups will dine, sleep and complete activities together as a group.
- Outdoors when possible. Windows vented when not too hot outside.
- Disinfect hands and equipment after activities.

Please complete your application **in January** if possible and return via snail mail or feel free to scan and email. If you are no longer available (*or fear you may not be able to attend)*, please let me know right away as each Volunteer plays a vital role at camp. If you are flexible with the dates, please let me know that too.

Your Help Needed: If you have any leads to campers or counselors, please let me know! With COVID restrictions, it's hard to get into the classrooms to recruit new campers and high school volunteers.

Like us on our FaceBook and Instragram so you can share camp photos, talk to your camp friends, and hear about other fun opportunities coming up. Hoping to host the big Easter party this Spring.

Thank you and I hope to hear from you soon!

Much Special Camps Love + Gratitude!

Colleen

Colleen McDonald
President of Special Camps

Special Camps, 26W684 Lindsey Ave, Winfield, IL 60190 Phone (630) 690-0944
A 501(c)(3) charitable corporation. Endorsed by the Knights of Columbus.
web site @ specialcamps.org

Special Camps

"This is the best week of my whole life"

Returning Staff Application

Applicants must be at least 22 years old by June 2022

Name: _____ Sex: _____ Date of Birth: ___/___/___
Last First Middle

Address: _____ T-Shirt Size: _____
Street City State Zip Code

E-Mail _____ Name Preferred on Name Tag_____

Day Phone: (___) _____ Evening Phone: (___) _____

Emergency Contact: _____ Relationship: _____

Primary Phone: _____ Cell or other: _____

Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this state or any other state? ___ Yes ___ No. Do you use illegal drugs? ____ Yes, ____ No. A Yes response to either of the above questions disqualifies you from volunteering for Special Camps. If you answered Yes, please discontinue filling out the form. If you answered No, please complete the rest of the form. I affirm, under penalty of perjury that the answers to the above questions are truthful.

By Signing this form, I also give consent for a criminal background check to be performed.

Signed _____ Date _____

1. Are there any specific activities you'd be interested in leading this year (group activity leader, nursing, horses, crafts, archery, sports, music, woodworking, yoga)? _____
2. Do you have a valid Nursing License? _____ If so, please attach a copy.
3. Do you have any physical, mental or medical concerns we should be aware of? (lifting, diabetic, or other)... ____ Yes __ No If yes, please describe: _____
4. Will you be taking any medication at camp? __ Yes __ No

Which week(s) would you prefer to attend Special Camps?

____ June 5 - 10 for Adult Campers ___ June 19 - 24 for Adult Campers

____ June 12 - 17 for Kids + Young Adults

If the week you prefer is full, are you available to attend a different week? ___ Yes ___ No

If available only part time, please indicate the dates and hours which you can participate.

Has your driver's license been suspended or revoked in any state for moving violations within the last 5 years? ___ Yes ___ No. As a result of a Yes answer, I agree not to serve as a volunteer driver for Special Camps. I affirm, under penalty of perjury, that I have read the above and that the answer to the question is truthful and that I will comply with said restrictions.

Signed: _____ Date: _____

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You must have your own health + accident insurance in place at the time of camp.

Waiver & Release

Special Camps for Special Citizens

Important Information

Special Camps for Special Citizens (Special Camps) is committed to conducting its camp programs and activities in a safe manner and holds the safety of participants in high regard. Special Camps continually strives to reduce such risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants safety. However, participants registering for this program must recognize that there is an inherent risk of injury when choosing to participate in horseback riding or any recreational activities.

You are solely responsible for determining if your physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in horseback riding or any recreational activity. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Special Camps to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child / ward may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have as a result of participating in this program.

I do hereby fully release and forever discharge Special Camps from any and all claims for injuries, damages, or loss that I may have or which may accrue and arising out of, connected with, or in any way associated with this program.

In the event of an emergency, I understand and authorize Special Camps staff and directors to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate and agree that I will be responsible for payment of any and all medical services rendered.

YOU MUST SIGN AND DATE THIS FORM FOR YOUR REGISTRATION TO BE PROCESSED

I have read and fully understand the information on this form, warning of risk, assumption of risk and waiver and release of all claims.

_____	_____	_____
Printed Name of Participant	**Signature of Participant**	**Date**

Special Camps
COVID-19 Informed Consent, Assumption of Risk, and Waiver of Liability Agreement

I or on behalf of my child/ward, (hereinafter "Client"), agree that I am personally responsible for my safety and actions while participating at a camp, horseback riding, or camping with Special Camps. Special Camps has put in place preventative measures to reduce the spread of COVID-19; however, Special Camps **cannot guarantee** that I will not become exposed to or infected by COVID-19.

Assumption of Risk

I understand that COVID-19 has been declared a worldwide pandemic by the World Health Organization. I also understand that **COVID-19 is extremely contagious** and is believed to be spread primarily from person-to-person contact. Because White Pines Ranch is open for use by other participants, I understand that I am at a higher risk of contracting COVID-19. By signing this Agreement, I voluntarily assume the risk that I may be exposed or infected by COVID-19 by attending, using equipment, horseback riding, or being on the premises at Special Camps, and such exposure or infection may result in personal injury, illness, permanent disability, and death. I further understand that the risk of becoming exposed or infected by COVID-19 at Special Camps may result from the actions, omissions, or negligence of myself and others, including but not limited to Special Camps board of directors, volunteers or other participants, and any other people at or on the premises.

Client Responsibility

I understand that it is my responsibility to: 1) Comply with all Special Camps policies, rules, guidelines, signage, and instructions; and 2) NOT enter the White Pines Ranch premises if I have a fever, cough, shortness of breath, cold or flu symptoms, or any other symptoms indicating I may be sick.

Waiver and Release of Liability

Client hereby now and forever releases, discharges, and holds Special Camps, its board members and volunteers harmless from any liability to Client for any loss or damage related to COVID-19, and forever gives up any and all claims, demands, damages, rights of action, or causes of action, present or future, on account of injury or loss to Client's person or property, including exposure to or infection by COVID-19 leading to injury or death of Client, whether caused by the active or passive negligence of Special Camps or otherwise, to the fullest extent permitted by law, arising out of or connected with Client's participation in a camp or horseback ride provided by Special Camps while Client is in, upon, or about White Pines Ranch premises or using any of Special Camps or White Pines Ranch services or equipment.

Severability and Venue

In the event that one or more of the provisions of this Agreement shall become invalid, illegal, or unenforceable in any respect, the validity or legality and unenforceability of the remaining provisions contained herein shall not be affected thereby. This Agreement shall be governed and enforced by the laws of the State of Illinois. Client hereby irrevocably and unconditionally submits to the exclusive jurisdiction and venue of the courts located in Ogle county.

Acknowledgement of Understanding

I have read this COVID-19 Supplement to Informed Consent, Assumption of Risk, and Waiver of Liability Agreement and fully understand its terms. **I understand that I am giving up substantial rights,** including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily **and intend my signature to be a complete and unconditional release of all liability for injury resulting from ordinary negligence** to the greatest extent allowed by the law in the State of Illinois.

Please print name _____

Client's Signature _____ Dated: _____

Parent / Guardian Signature _____ Dated: _____

WEEKEND EMERGENCY INFORMATION AND LIABILITY RELEASE

LITTLE SISTERS INCORPORATED DBA
WHITE PINES RANCH, 3581 Pines Rd., Oregon, Il 61061
Phone: 815-732-7923 Fax: 815-732-7924 www.whitepinesranch.com

Name _____ Age____ Birth Date___/___/___ Boy____Girl____

Address _____ City _____ State____ Zip_____

Phone #'s: Home _____ Cell _____ Work _____

Email_____ Have you been to the ranch before? YES____NO ____

Program Dates _____ to _____ Troop number or Group Name_____

In case of an emergency please contact:

1. Name _____ Relationship_____ Phone #_____
2. Name _____ Relationship_____ Phone#_____

Family Doctor's Name_____ Phone #_____

Medication Participant is taking:_____

Any known allergies or disabilities?_____

Are the participant's immunizations current ◯ Yes ◯ No **Date of last Tetanus shot ___/___/___**

Accident/Medical Insurance Company Name_____

Group Number and/or Identification Number_____

(We recommend that you obtain a personal accident insurance policy if you do not already have one)

Activities that you would rather your child not participate in:

ASSUMPTION OF RISK, FULL RELEASE AND INDEMNITY

We are cognizant of the inherent dangers of participating in this program. In consideration for allowing the rancher to participate in activities and use ranch facilities, we assume all risk, agree that no claim will be made against and do fully release Little Sisters, Incorporated, it's officers, owners, employees and agents (the Program) for injury, death, damages or any loss whatsoever incurred.

We hold harmless all Program providers from all claims by family, our legal representatives and us. We assure you the rancher is in good condition and has no impairment preventing safe participation in the Program. We indemnify the Program from any loss it may incur because of our participation. We know this is a legal agreement and will be broadly interpreted releasing all joint tortfeasors.

I hereby give permission for X-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in the Emergency Room.

We give permission to allow photographs or video footage of our child taken at camp to be used in White Pines Ranch's promotional materials. We also give permission to use email information to advertise future ranch activities.

I HAVE THE LEGAL AUTHORITY TO SIGN ON BEHALF OF THE RANCHER AND FAMILY. I HAVE READ THIS CAREFULLY AND UNDERSTAND IT. I KNOW THIS IS AS FULL AND COMPLETE A RELEASE AS IS POSSIBLE AND I HAVE SIGNED IT VOLUNTARILY.

_____

(PARENT) **(GUARDIAN)**

Facsimile or digital signatures shall be sufficient for execution of this document.
The person transmitting the document by facsimile or electronic mail must retain the original to be produced upon request.

COVID-19 Informed Consent, Assumption of Risk, and Waiver of Liability Agreement

I or on behalf of my child/ward, (hereinafter "Client"), agree that I am personally responsible for my safety and actions while participating at a camp, horseback riding, or using the premises at Little Sister's Inc. d/b/a White Pines Ranch (hereinafter, "THE RANCH"). THE RANCH has put in place preventative measures to reduce the spread of COVID-19; however, THE RANCH **cannot guarantee** that I will not become exposed to or infected by COVID-19.

Assumption of Risk

I understand that COVID-19 has been declared a worldwide pandemic by the World Health Organization. I also understand that **COVID-19 is extremely contagious** and is believed to be spread primarily from person-to-person contact. Because THE RANCH is open for use by other participants, I understand that I am at a higher risk of contracting COVID-19. By signing this Agreement, I voluntarily assume the risk that I may be exposed or infected by COVID-19 by attending, using equipment, horseback riding, or being on the premises at THE RANCH, and such exposure or infection may result in personal injury, illness, permanent disability, and death. I further understand that the risk of becoming exposed or infected by COVID-19 at THE RANCH may result from the actions, omissions, or negligence of myself and others, including but not limited to THE RANCH owners, employees, other participants, and any other people at or on the premises.

Client Responsibility

I understand that it is my responsibility to: 1) Comply with all THE RANCH policies, rules, guidelines, signage, and instructions; and 2) NOT enter the THE RANCH premises if I have a fever, cough, shortness of breath, cold or flu symptoms, or any other symptoms indicating I may be sick.

Waiver and Release of Liability

Client hereby now and forever releases, discharges, and holds THE RANCH and its respective agents, heirs, assigns, contractors, and employees harmless from any liability to Client for any loss or damage related to COVID-19, and forever gives up any and all claims, demands, damages, rights of action, or causes of action, present or future, on account of injury or loss to Client's person or property, including exposure to or infection by COVID-19 leading to injury or death of Client, whether caused by the active or passive negligence of THE RANCH or otherwise, to the fullest extent permitted by law, arising out of or connected with Client's participation in a camp or horseback ride provided by THE RANCH and while Client is in, upon, or about THE RANCH's premises or using any of THE RANCH's services or equipment.

Severability and Venue

In the event that one or more of the provisions of this Agreement shall become invalid, illegal, or unenforceable in any respect, the validity or legality and unenforceability of the remaining provisions contained herein shall not be affected thereby. This Agreement shall be governed and enforced by the laws of the State of Illinois. Client hereby irrevocably and unconditionally submits to the exclusive jurisdiction and venue of the courts located in Ogle county.

Acknowledgement of Understanding

I have read this COVID-19 Supplement to Informed Consent, Assumption of Risk, and Waiver of Liability Agreement and fully understand its terms. **I understand that I am giving up substantial rights,** including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily **and intend my signature to be a complete and unconditional release of all liability for injury resulting from ordinary negligence** to the greatest extent allowed by the law in the State of Illinois.

_____ Dated:_____

Client's Signature

_____ _____

Please print name Parent or legal guardian (if participant is under age eighteen)

HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM

FOR INDIVIDUALS

This form must be completed by and for each participant

Little Sisters, Incorporated DBA White Pines Ranch
(STABLE NAME, hereinafter known as "THIS STABLE")
3581 W. Pines Road, Oregon, Illinois 61061
Phone: 815-732-7923 Fax: 815-732-7924

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE – In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:

RIDER NAME_____ AGE (if under 21)_____

WEIGHT OVER 240#____YES____NO HORSE RIDING EXPERIENCE__UNDER 10 HRS___OVER 10 HOURS

Does this rider have physical and/or mental health conditions, problems, and or disabilities which may affect his/her safety and ability to ride a horse?____YES____NO If yes, please explain:

BOTH PARENT AND CHILD MUST INITIAL EACH PARAGRAPH

Parent initials	Rider's initials

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS – This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estates, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

Parent initials	Rider's initials

C. ACTIVITY RISK CLASSIFICATION – I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/WE further understand that applicant may be participating in a "WILDERNESS EXPERIENCE" and that the meaning of this term is defined as follows: **THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMMELS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.**

Parent initials	Rider's Initials

D. NATURE OF STABLE HORSES – I UNDERSTAND THAT: **THIS STABLE** chooses its rental horses for calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and **THIS STABLE** follows a rigid risk reduction program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 – 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3.5 to 5.5 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of it's own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.

PLEASE READ CAREFULLY BEFORE SIGNING

BOTH PARENT AND CHILD MUST INITIAL EACH PARAGRAPH

Parent	Rider

E. RIDERS RESPONSIBILITY – I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety, and that of an unborn child if the rider is pregnant. THIS STABLE advises pregnant women not to ride horses, unless permission is given under advice of her physician.

Parent	Rider

F. CONDITIONS OF NATURE – I UNDERSTAND THAT: THIS STABLE IS **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE**: Thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

Parent	Rider

G. CARRY-ON OBJECTS AND SHARP NOISES – I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. **SOME EXAMPLES ARE**: Cameras, hats not securely fastened under chin, toys, purses. **Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse. CELL PHONES ARE NOT ALLOWED AROUND HORSES.**

Parent	Rider

H. SADDLE GIRTHS-NATURAL LOOSENING – I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

Parent	Rider

I. ACCIDENT/MEDICAL INSURANCE – I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses.

My accident/medical insurance company is _____

My policy/group number is _____

Parent	Rider

J. PROTECTIVE HEADGEAR OFFERING: I, for myself and on behalf of my child and/or legal ward, will be offered a SEI CERTIFIED Equestrian Helmet by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head, and that once provided the rider will be responsible for securing the helmet on his/her head at all times.

ALL WHITE PINES RANCH GUESTS MUST WEAR HELMETS – NO EXCEPTIONS!

Parent	Rider

K. LIABILITY RELEASE – I AGREE THAT: in consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, it's owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, Insurers, and others acting on its behalf (hereinafter, collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling or other wise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

All Riders and parents or Legal Guardians must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, AND AGE ARE TRUE AND ACCURATE

SIGNATURE OF RIDER _____ DATE _____

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN _____ DATE _____

ADDRESS IN FULL _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Facsimile or digital signatures shall be sufficient for execution of this document.

The person transmitting the document by facsimile or electronic mail must retain the original to be produced upon request.