



CONFIRMATION TO PARTICIPATE

in the 2017 HAEi Youngster's Summer Camp

Please complete one form per participant.

Participant: First name: _____

Family name: _____

Type: ___ Patient (youngster)

___ Companion - brother/sister/partner (boyfriend/girlfriend)

___ Companion – parent/ guardian

(if below 18 years this should also be completed by parent/guardian)

Parent/ First name: _____

Guardian: Family name: _____

E-mail: _____

Cell phone: _____

Important

I acknowledge that there are risks inherent in any youngster's program, including but not limited to injury or death arising from: participation in sports/leisure activities; youngster's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the HAEi staff. Further, I hereby fully and forever waive, release, acquit, holds harmless, and discharge HAEi from any and all claims, demands, rights, losses, suits, actions and causes of action, obligations, damages, costs, or expenses of any nature relating to injury of any type suffered during or otherwise arising from any youngster's program. In order to minimize risks to my youngster or other participants, I will take responsibility to see that my youngster is properly prepared for all activities and is in good health before entering the camp. In case of medical emergency, I understand that every reasonable attempt will be made to contact me, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the 2017 HAEi Youngster's Summer Camp in Frankfurt, Germany, to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgment applies to the 2017 HAEi Youngster's Summer Camp. I/we hereby confirm, that we have all necessary insurances in place for the participant – including, but not limited to, travel insurance, liability/accident insurance, and health insurance. In case of litigation, this contract is governed by Swiss law in Lausanne, and Swiss courts are competent.



Next of kin / Emergency contact:

Person 1: Name: _____

Phone: *(including country code: eg. +1 222 555 9999)* _____

Email: _____

Person 2: Name: _____

Phone: *(including country code: eg. +1 222 555 9999)* _____

Email: _____

Please observe!

Some countries have limitations for minors under the age of 18 traveling abroad. You must ensure that – if a minor under the age of 18 is traveling alone (or with non relatives) – you have authorization to leave your country as required by your local authorities.

___ I have checked with my local authorities and the minor (under 18) can travel abroad.

___ I do also confirm that the participant has a valid passport (at least valid until 31 December 2017), a valid VISA (if needed) to enter into Germany (Schengen) for the duration of the summer camp.

Signatures: Participant: _____

Parent/
Guardian: _____

Date and place: _____

Other information:

The participant is a HAE patient diagnosed with HAE type 1 or HAE type 2 YES / NO

The HAE patient is carrying their own HAE prophylactic/acute medication YES / NO
(if YES, what medication: _____)

The HAE patient is capable of self-administration YES / NO



Photos of the participant can be used by HAEi

YES / NO

Is the HAE patient/youngster capable of traveling on his/her own to and from Frankfurt in Germany?

YES / NO

Will the HAE patient be traveling on his/her own?
(if NO, who will be traveling with the HAE patient?)
Please complete a separate form for the companion)

YES / NO

Name:

Does the participant suffer from any other diseases/disorders?
(if YES, please describe)

YES / NO

Physician Statement:

(only necessary if the participant is a HAE patient)

I do hereby confirm that I am the treating HAE physician for this participant. I can confirm that the patient has HAE under control – and that the patient, in my view, is able to travel and participate in the 2017 HAEi Youngster's Summer Camp. I can also confirm that the patient will bring sufficient HAE medication with him/her – to cater for prophylactic and/or acute therapy of possible HAE attacks.

Name of physician:

Hospital/Clinic:

Email:

Phone:

Signature:
