



**REGISTRATION NOW OPEN FOR VISITING NURSE | HOSPICE ATLANTA'S
BEREAVEMENT CAMP FOR FAMILIES,
SPONSORED BY THE BILLIE S. BEEN FOUNDATION, INC.
--Fourth Annual Camp STARS for Families Takes Place March 12-14, 2010--**

Registration is now open for VISITING NURSE | HOSPICE ATLANTA's third annual, three-day bereavement camp for families, March 12-14, 2010, at Camp Twin Lakes in Rutledge, GA. Thanks to the generosity of The Billie S. Been Foundation, Inc., **Camp STARS for Families (Sharing Together As Real Support)** is offered free of charge, aside from a small registration fee of \$40 per family.

Well-known for its Camp STARS for kids, which held its 16th annual camp in November 2009, **Camp STARS for Families** is designed for mothers, fathers, siblings, sons, grandparents, aunts – whoever means family to you. The camp is open to any family that has experienced a loss through death before January 2010.

At the camp, families can share their feelings of loss and grief with each other, with trained counselors, and other families in similar situations. The groups will be facilitated by Denise Greenberger, MSW, LCSW from VISITING NURSE | HOSPICE ATLANTA, and Felissa Goldstein, M.D., a child and adolescent psychiatrist with the Marcus Autism Center. All facilitators are trained in grief and bereavement issues. In addition, specially trained volunteers are present throughout the weekend to listen, talk and play with the campers.

Campers are given a safe environment where they can have fun together while expressing their grief. Activities include field sports, arts and crafts, fishing, boating and canoeing, relaxing massages for the adults, family evening activities, and group sharing. Each family has its own cabin.

Attendance is limited to 30 families. For information contact Barbara Moore, Director of Volunteer and Support Services for VISITING NURSE | HOSPICE ATLANTA, 404-869-3086, barbara_moore@vnhs.org or visit www.vnhs.org. For more information about Camp Twin Lakes, go to www.camptwinlakes.org.

The Billie S. Been Foundation, Inc. is a non-profit 501 C3 organization dedicated to providing and supporting activities and programs that heal and enrich the lives of families, especially children, whose lives have been changed by the death of a family member.

Visiting Nurse | Hospice Atlanta is a community-based organization dedicated to delivering compassionate, innovative and cost-effective home health and end of life care to residents of 26 north Georgia counties. The organization is Georgia's largest nonprofit home care and hospice provider and founded the state's first hospice program in 1975. It is known as the most innovative hospice provider in the Southeast and a leader in the field. In 1991 Visiting Nurse | Hospice Atlanta established the Children's Program to provide care for children with life threatening illnesses and it continues to structure its programs and services to best meet the needs of the communities it serves. Its 36-bed residential facility, The Andrew and Eula Carlos Hospice Atlanta Center, celebrated its Nurse | Hospice Atlanta offers Georgia's most comprehensive range of adult and children's hospice services to individuals of any age and socioeconomic level with any life-limiting illness. 10th anniversary in 2006. In addition to Camp STARS for Kids and Camp STARS for Families, Visiting

Camp STARS Camper Application
March 12-14, 2010
Family Information

Mr./Mrs./Ms. First _____ Last _____

Parent/Guardian: Mother / Father / Guardian/ Other : _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Phone _____ Ext. _____

Emergency Contact _____

Phone _____ Relation _____

Family History

Name of Deceased _____ Age _____

Relationship to Campers _____

How did they die? _____

When did they die? _____

How are you coping with these feelings/changes/losses? _____

What are your families' expectations for your weekend at Camp STARS Family
 Camp? _____

Family Members/Friends Attending Family Camp

First Name	Last Name	Age if a Child	Relationship to Deceased
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First Name	Last Name	Age if a Child	Relationship to Deceased
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First Name	Last Name	Age if a Child	Relationship to Deceased
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First Name	Last Name	Age if a Child	Relationship to Deceased
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First Name	Last Name	Age if a Child	Relationship to Deceased
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T-Shirt Size: Child Small Child Med Child Large
 Adult Small Adult Med Adult Large Adult X-Large Adult 2X

Camp STARS Camper Pre-survey

Medical History

Is there a need for any special diet? If yes explain:

Please list any medical condition that Camp STARS would need to know.

Personal Family Information

What other big changes have happened in your family's life? (example: moving to a new home or school, divorce or separation of parents, new baby, marriage of parent(s), somebody special moved away, loss of a pet, loss of a friend, or other family members):

After the death of a grandparent, parent, brother, sister, friend or pet, you will experience many different feelings. Some of these feelings may be sadness, loneliness, fear, anger, relief and happiness. How is the family currently feeling?

What does your family do when family members feel upset, sad or worried?

What helps your family when family members feel that way?

How did you hear about Camp STARS Family Camp?

If your family were to select a favorite song, what would it be?

Public Relations Release: Upon occasion, videotaping and photography occur during various camp activities, and this material may be used by Camp STARS in future camp publicity. In addition, the photography of the children/families may be used for news coverage. If you are agreeable to having your child/family photographed, videotaped, and/or interviewed, please indicate below.

I give my permission for my family to appear in publicity, news coverage and the Camp STARS website as described above. Yes No

Signature of Person Completing Application
Please print name: _____

Date

Return Application and Consents:

Camp STARS
1244 Park Vista Drive, NE
Atlanta, GA 30319

Attn: Barbara Moore

EXHIBIT "A"

**CAMP TWIN LAKES, INC.
RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION**

By signing this Release, Waiver, Indemnification, And Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me/my child/my ward to attend and participate in activities at CTL's facility ("Camp Twin Lakes"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to my/my child's/my ward's attendance at a camp at Camp Twin Lakes. I understand and certify that my/my child's/my ward's participation in __Camp STARS Family Camp_____ ("Partnering Organization") and its activities at Camp Twin Lakes is completely voluntary and I have familiarized myself with Partnering Organization's program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Partnering Organization's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child or my ward, to the extent my child or ward will be attending and participation in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Partnering Organization's camp at Camp Twin Lakes. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child's/my ward's participation at Camp Twin Lakes, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is caused by the gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I and my child/my ward are able to participate in the activities at Camp Twin Lakes. I further agree to inform Partnering Organization of any activities in which I/my child/my ward is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____

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EXHIBIT "B"

**CAMP TWIN LAKES, INC.
RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS**

By signing this Release And Waiver Of Copyright And Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph, videotape, and/or create other audio-visual materials of my/my child's/my ward's participation in activities of CTL's facility (collectively, the "Audio-Visual Materials") and that CTL has the royalty-free right to use the Audio-Visual Materials of me/my child/my ward in public relations, marketing and promotional activities and materials in any medium whatsoever including, but not limited to, videotapes, pamphlets, and brochures including use in print, radio, television and the internet. I further acknowledge that CTL shall have all rights of copyright in and to such Audio-Visual Materials and may exploit such copyright fully. I release and waive all rights and interests in and to such Audio-Visual Materials.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____

**CAMP STARS AND VISITING NURSE/HOSPICE ATLANTA
RELEASE, WAIVER, INDEMNIFICATION, AND AFFIRMATION**

By signing this Release, Waiver, Indemnification and Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns. In consideration of Visiting Nurse Health System and Hospice Atlanta (“VNHA”) permitting me/my child/my ward to attend or participate in activities associated with Camp STARS, I hereby release and forever discharge VNHA and any of its officers, directors, employees, volunteers, agents and assigns from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, whether to person or property, to me/my child/my ward during or related to my/my child’s/ my ward/s attendance at or participation in Camp STARS. I understand and certify that my/my child’s/ my ward’s participation in Camp STARS and its activities is completely voluntary, and I have familiarized myself with the program and activities at Camp STARS in which I/my child/ my ward will be participating. I recognize that certain hazards and dangers are inherent in the activities and programs, and I acknowledge that VNHA cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child/my ward, to the extent my child/ my ward will be attending and participating in activities relating to Camp STARS, in the importance of knowing and abiding by the rules, regulations, and procedures of Camp STARS. I also agree to defend, indemnify and hold VNHA and its officers, directors, employees, volunteers and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child’s/my ward’s participation in Camp STARS, whether caused in whole or in part by the negligence of VNHA, its officers, directors, employees, volunteers, or agents; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is caused by the gross negligence or willful misconduct of VNHA. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/ my ward incur and that I and my child/my ward are able to participate in the activities at Camp STARS. I further agree to inform VNHA of any activities in which I/my child/my ward am/is not to participate. I further attest that I am the parent or legal guardian of the minor child or ward named below. I further give permission for me/my child/my ward to be treated by a doctor if needed. I have read and hereby accept the conditions set forth above.

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____