

## 2017 Summer Camp Camper Waiver & Release Form

Camper Name : \_\_\_\_\_

Date: \_\_\_\_\_

Church Name : \_\_\_\_\_

Camp attending (please chose an option below):

### **NW YOUTH CAMP:**

Combo Camp EAST 1 (June 26 – 30)

Junior High Camp (July 9 – 13)

Combo Camp EAST 2 (July 13 – 17)

Senior High Camp (July 17 – 21)

Combo Camp WEST (July 24 – 28)

### **NW KIDS CAMP:**

Kids Camp EAST (July 24 – 28)

Kids Camp WEST (July 31 – August 4)

### ***PLEASE CAREFULLY READ THIS ENTIRE WAIVER & RELEASE FORM***

This registration form has been provided to register your camper and to inform you of the guidelines, activities, and insurance coverage that will apply during your camper's stay at Northwest Ministry Network (NWMN or the Network) Camps.

**REFUNDS** A refund of 85% of the registration price is available up to the early registration deadline; deadlines vary per camp. Talk with your pastor/leader regarding those specific dates. After the early registration deadline, refunds of 50% are only available up 72 hours before camp starts. In cases of sickness or emergency, please contact the Network Office at 425-888-4800 regarding a request for a refund.

### **GENERAL RELEASE AND CONSENT**

I/we the undersigned parent(s) or guardian(s) of \_\_\_\_\_ am/are aware that the activities planned for my/our camper while at camp may include but are not limited to the following: waterskiing and tubing, skateboarding, ropes course, swimming, paddle boats, wave runners, inflatable activities, waterfront activities, miniature golf, basketball, softball, volleyball, group games, campfires, arts and crafts, drama, music, outdoor cooking, river rafting, water slides, boating, a variety of athletic activities, and limited transportation on and off the campgrounds.

I/we also understand that the camp has acquired liability and medical insurance coverage subject to certain limitations, which may or may not include some of the named activities.

With the above in mind, I/we do hereby give permission/consent for my/our camper to participate in the above named events and to hold harmless and release Northwest Ministry Network, any rented camp facility, it's agents, assigns, employees, and volunteer assistants from any and all liability whatsoever arising out of injury, sickness, claim, cause of action, expense, or damage which may be sustained by my/our camper during the course of his/her stay at camp.

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**PHOTOGRAPHY/AUDIO/VIDEO STATEMENT** Occasionally, Northwest Ministry Network, Silver Lake Camp, and Cedar Springs Camp take photographs or make audio/video recordings of campers and/or adults involved in camp activities to be used in future promotional materials. Each camper consents to the use of any photographs, audio or video recordings and grants permission to the Northwest Ministry Network, Silver Lake Camp, and Cedar Springs Camp to take such photographs and for use them in promotional activities and materials.

\_\_\_\_\_ **Parent / Guardian Initial if you/we agree to/with the statement above**

**CAMP AGREEMENT** I/we understand and have explained to my/our camper that his/her attendance at this camp is a privilege, not a right, and is conditioned on his/her acceptable behavior. I/we realize that camp is something that will substantially benefit my/our camper, and behavior that contravenes the following guidelines may result in his/her dismissal from camp in the NWMN, Silver Lake Camp, or Cedar Springs Camp's sole discretion. In consideration of the benefits of this camp to my/our camper and other good and valuable consideration, receipt of which is hereby acknowledged, I/we in accordance with my/our camper, agree to the following: **(parent/guardian must initial next to each statement, indicating that guidelines/expectations have been explained, comprehended, and agreed to by the camper)**

- \_\_\_\_\_ Camper will abide by all camp regulations.
- \_\_\_\_\_ Campers are not permitted to leave the campgrounds without the Director's consent.
- \_\_\_\_\_ Camper (and his/her parent/s) will be held accountable and responsible to pay for any destruction of property he/she causes.
- \_\_\_\_\_ Campers are required to attend all meals, classes, activities, and services.
- \_\_\_\_\_ Camper will wear modest clothing at all times.
- \_\_\_\_\_ This is a closed camp. No visitors or special guests will be allowed without approval from the Northwest Ministry Network while camp is in session.
- \_\_\_\_\_ Camper attendance and/or registration form can be terminated at any time at the sole discretion of the Northwest Ministry Network, Silver Lake Camp, Cedar Springs Camp, or its agents, employees, and volunteer assistants for any reason.

**Medical Consent** If it should become necessary for my/our camper to receive medical treatment for any reason, I/we understand that the medical insurance policy for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD (NWMN) acts in a primary position only when the participant is not already covered by insurance. Consequently, I/we agree to submit all claims first to my/our personal insurance company and then to the insurance company for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD. Should expenses exceed the insurance coverage limit of the Northwest Ministry Network of the Assemblies of God, I/we agree to accept the full payment responsibility for my/our camper(s) and will not hold the Northwest Ministry Network responsible for payment from that point forward.

\_\_\_\_\_ **Parent/ Guardian initial if you/we agree to/with the statement above**

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I/we also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event which is over and above that which is covered by insurance.

In addition, I/we authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my/our camper's health, and it is not advisable to take the time to contact me/us in advance. I/we waive my/our right to informed consent for such treatment and grant permission to an authorized representative of the Northwest Ministry Network to authorize reasonable medical care for my camper if necessary.

\_\_\_\_\_ **Parent/ Guardian initial if you/we agree to/with the statement above**

I/we give my/our permission at the nurse's direction, to administer (please mark the applicable box/s):

Acetaminophen (such as Tylenol)

Anti-diarrhea (such as Pepto Bismol)

Ibuprofen (such as Advil)

Other (please specify) \_\_\_\_\_

Antacid (such as Tums)

to my camper, \_\_\_\_\_ (Camper's name).

Moreover, I/we understand that temporary emergency measures may be necessary to safeguard my/our camper's health, and do hereby authorize and request THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my/our camper can be safely transported to a doctor or hospital and I authorize reasonable medical care for my camper if necessary.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2017

Parent or Guardian's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**\*\*\*Your camp registration will be considered incomplete until you have turned in your registration payment to your pastor/leader**

# Cedar Springs Camp - MINOR 2017

## WAIVER AND RELEASE FROM LIABILITY

(TO BE COMPLETED BY PARTICIPANT)

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2017 between  
Cedar Springs Camp and \_\_\_\_\_ ("Participant")

- Subject.** Participant recognizes and expressly agrees that participating in any adventure, sport or activity associated with the out-of-doors is an inherently dangerous activity. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does Cedar Springs Camp guarantee Participant's safety.
- Waiver and Release from Liability.** Participant understands that Cedar Springs Camp assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from Participant's participation in the activity, c) as a result of another participant's or third person's actions, or d) as a result of participant's use of Cedar Springs Camp facilities, field, and/or equipment in connection with this activity. The Participant releases and agrees to hold harmless, defend and indemnify Cedar Springs Camp and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of Cedar Springs Camp) that the Participant may suffer as a result of his or her participation and /or enrollment in Cedar Springs Camp activities.
- Medical Consent.** Participant grants permission to Cedar Springs Camp and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and Cedar Springs Camp is unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes Cedar Springs Camp to give first aid, CPR or other treatment by a qualified staff member to Participant.
- Property Loss.** Participant understands and agrees that Cedar Springs Camp is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.
- Binding Effect.** This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.
- Entire Agreement.** This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.
- Acceptance.** If any portions of this waiver and release are held to be invalid, Participant agrees the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.

**Photo Release:** I grant Cedar Springs Camp the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos of my child or in which they may be included, that may be taken while participating in Cedar Springs Camp activities. Yes: \_\_\_\_\_ No: \_\_\_\_\_

**PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.**

I have read and voluntarily signed this Waiver and Release of Liability.

Parent Signature

Date