

# The Salvation Army - Pine Summit

## CONSENT AND WAIVER OF LIABILITY

THIS DOCUMENT (FRONT AND BACK) CONTAINS A WAIVER OF LIABILITY. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.

- please print -

Group Name: \_\_\_\_\_ Group Date: \_\_\_\_\_

Full name of Camper: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In exchange for permission to participate in The Salvation Army - Pine Summit programs and activities ("Camp"), I or my minor child named above ("Camper") agree to the following:

### **Consent to Attend Camp (Where Camper is a Minor)**

I hereby give permission for minor Camper to attend and participate in Camp.

### **WAIVER of Liability**

I understand that some of the activities at Camp involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Consent and Waiver of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities. I agree to assume all risks of Camper's participation, whether such risks are known or unknown to me at this time and hereby waive any and all claims I or my Camper may have against Pine Summit, and their directors, officers, employees, volunteers, and agents, and other campers at the Camp, for property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Waiver of Liability is given on behalf of myself, my minor child (if Camper), and the heirs, family, estate, administrators, executors, personal representatives and assignees.

I understand that by signing this Consent and Waiver of Liability, I give up my right and the Participant's right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Consent and Waiver of Liability shall remain unaffected.

### **FIRST AID**

Camp may provide minor emergency medical treatment at the request of the Group or Camper, provided that qualified staff is available. Otherwise, all medical emergencies will be referred to the nearest medical treatment facility.

### **Other Releases and Acknowledgements**

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce Camper's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

**Adherence to Policies and Guidelines**

I ensure that Camper will adhere to the Camp policies and guidelines. If Camper fails to abide by established rules and/or standards of conduct, Camp staff reserves the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

**Medical Insurance Information**

Insured's Name: \_\_\_\_\_ Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Information (COMPLETE ONLY IF CAMPER IS A MINOR)**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Date of last MMR: \_\_\_\_\_ Date of last Hepatitis B: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Are all other vaccinations up-to-date?  Yes  No

Does the Camper have any allergies to drugs and/or food (please write "None" if applicable): \_\_\_\_\_

Does the Camper have behavioral problems or medical needs we need to be made aware of (write "None" if applicable): \_\_\_\_\_

Will the Camper be under any medication(s)\* while at camp?  Yes  No If yes, please list medication(s): \_\_\_\_\_

***\* (All medications must be given to camp nurse in original containers with original label attached containing prescription and camper's name)***

The camp nurse has my permission to provide the Camper with non-prescription medicines as deemed necessary.  Yes  No

If yes, please list any over-the-counter medications that should **not** be given: \_\_\_\_\_

Does the Camper have any physical condition or limitation that would restrict participation in any camp activities?  Yes  No

If yes, please provide details: \_\_\_\_\_

Does the Camper have?  Sinus Trouble/Hay Fever  Heart Trouble  Epilepsy  Asthma  Diabetes

By signing below, I acknowledge that I have read this document that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

_____		_____	
Signature		Date	
_____		_____	
Print Name		Phone Number	
_____		_____	
Address	City	State	Zip
_____	_____	_____	_____
Emergency Contact (if same write "Same")		Phone Number	
_____		_____	

**If you have any allergies or special dietary needs – please bring your own food.  
We have refrigerators and microwaves to accommodate your needs.  
If you would like to see a menu, please ask your Retreat Planner.  
Thank you**

City/Group: \_\_\_\_\_

**MEDICAL HISTORY/CONSENT FORM (Minor/Under 18 years of age)**

Date: \_\_\_\_\_ Name of Student: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **10-Digit Phone Number(s):** \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

I, (name of parents or guardian): \_\_\_\_\_ of the undersigned,  
of (address): \_\_\_\_\_ City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_ am the parent or other legal guardian of (name of child) \_\_\_\_\_  
a minor of \_\_\_\_\_ years of age, of (address): \_\_\_\_\_ City of \_\_\_\_\_,  
County of \_\_\_\_\_, State of \_\_\_\_\_ (referred to herein as "Minor").

In the event of any accident, sudden illness, or medical emergency involving aforesaid minor, I hereby authorize the following staff members of Campus Crusade for Christ, Inc.: Jeff Cox, Shawn Faulkner, Heidi Faulkner, Desiree Heckmann, as adult person(s) into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the following dates: **February 17, 2012, through and including February 20, 2012.**

Signature of parent/ or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/ or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RECREATIONAL ACTIVITY LIABILITY RELEASE AGREEMENT (Under 18 years of age)**

The minor, \_\_\_\_\_ (herein "Participant"), wish to participate in a recreational activity (herein the "Activity") sponsored by Student Venture, a ministry of Campus Crusade for Christ, Inc., a California non-profit religious corporation (herein the "Ministry"). This Activity is scheduled to take place **from February 17, 2012, to February 20, 2012.** Ministry, Participant, and Participant's parent(s)/legal guardian(s) (herein "Guardian") agree that the Activity poses potential **Risks**. "Risks" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by plane, bus, train, car, truck, van or any other vehicle to and from the Activity location; Any and all inherent risks associated with travel or participating in Activity; Loss or destruction of Participant's personal property; Head trauma; Broken bones; Injury to or loss of limbs; or Medical complications related to a pre-existing condition of which Ministry was unaware. For and in consideration of Ministry allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers") release, waive, discharge and covenant not to sue Ministry and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to Participant or death to Participant or injury to the property of Participant, **whether caused by the negligence of Releasees or otherwise**, while Participant is participating in the Activity. ***Participant and Guardian are fully aware of the Risks and other hazards inherent in the Activity and are allowing Participant to participate in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by Participant while participating in the Activity.*** Participant and Guardian acknowledge that as a part of this Release they shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity. Furthermore, Participant and Guardian understand that Participant's voice or image may be recorded at this Activity or in travel to and from the Activity location. Participant and Guardian irrevocably grant to Ministry the perpetual, royalty free license and permission to use, reuse, publish, republish Participant's voice, likeness and photograph, and to the extent provided by Participant, name and biography, as included in video or audio recordings or photographs from the event, in whole or in part, at Ministry's sole discretion, in conjunction with the Ministry Uses and promotion thereof. Ministry Uses include, but are not limited to, DVDs, photographs, cassettes, compact discs, transcripts and publications in written, electronic, digital and other formats now existing or later developed for sale, license, distribution, transmission or posting or download from the Internet.

Participant and Guardian warrant that they have fully read and understand this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Participant or Guardian.

**CAUTION: READ BEFORE SIGNING.**

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

Participant Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Parent/legal guardian #1 Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Parent/legal guardian #2 Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

**2011-12 Student Venture FastBreak–18 Years or Older**      **Location: West Coast**  
**City/Group:** \_\_\_\_\_

**MEDICAL HISTORY (Adult/18 years of age or older)**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
**Emergency Contact**  
**Name:** \_\_\_\_\_ **10-Digit Phone Number(s):** \_\_\_\_\_  
Name of primary care physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Physical Impairments: \_\_\_\_\_  
Other Pertinent Information: \_\_\_\_\_

**RECREATIONAL ACTIVITY LIABILITY RELEASE AGREEMENT (18 years of age or older)**

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Ministry and Participant agree that the Activity poses potential **Risks**. "**Risks**" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by plane, bus, train, car, truck, van or any other vehicle to and from the Activity location; Any and all inherent risks associated with travel or participating in Activity; Loss or destruction of Participant's personal property; Head trauma; Broken bones; Injury to or loss of limbs; or Medical complications related to a pre-existing condition of which Ministry was unaware.

For and in consideration of Ministry allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers") release, waive, discharge and covenant not to sue Ministry and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to Participant or death to Participant or injury to the property of Participant, **whether caused by the negligence of Releasees or otherwise**, while Participant is participating in the Activity. **Participant is fully aware of the Risks and other hazards inherent in the Activity and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by Participant while participating in the Activity.**

Participant acknowledges that as a part of this Release he/she shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity. Furthermore, Participant understands that Participant's voice or image may be recorded at this Activity or in travel to and from the Activity location. Participant irrevocably grants to Ministry the perpetual, royalty-free license and permission to use, reuse, publish, republish Participant's voice, likeness and photograph, and to the extent provided by Participant, name and biography, as included in video or audio recordings or photographs from the event, in whole or in part, at Ministry's sole discretion, in conjunction with the Ministry Uses and promotion thereof. Ministry Uses include, but are not limited to, DVDs, photographs, cassettes, compact discs, transcripts and publications in written, electronic, digital and other formats now existing or later developed for sale, license, distribution, transmission or posting or download from the Internet.

Participant warrants that he/she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Participant.

**CAUTION: READ BEFORE SIGNING.**

Date: \_\_\_\_\_  
Participant Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_