

Alliance Redwoods Conference Grounds

WAIVER AND RELEASE OF LIABILITY

In consideration of The Alliance Redwoods Conference Grounds furnishing services and/or equipment and/or using my own equipment to enable me to participate in ropes course, biking, kayaking, canoeing, rock climbing, skateboarding, inline skating, scooters, paintball games or any other activities, I agree as follows:

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

A) Risks and dangers exist in my use of the equipment and my participation in the activities stated above;

B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;

C) These risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of The Alliance Redwoods Conference Grounds; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; but not limited to, guide decision making, including that a guide may misjudge terrain, weather, faulty equipment, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment;

D) And by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of owners, agents, officers, or employees of The Alliance Redwoods Conference Grounds, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The Alliance Redwoods Conference Grounds and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in any of the activities stated above, or any other activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of The Alliance Redwoods Conference Grounds.

I have read this waiver and release of liability and by signing it agree, it is my intention to exempt and relieve The Alliance Redwoods Conference Grounds from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I can not be reached, I hereby give permission to the physician selected by The Alliance Redwoods Conference Grounds staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

Please print

NAME OF GROUP (e.g. school or church) _____

PARTICIPANT NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ PHONE _____

(Parent or guardian must sign for participant under age 18)

Medical and Liability Release

Please be sure to read and understand this document and then sign and date both shaded areas at the end of this page

I agree to allow the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff to render care to, arrange transportation for and administer over-the-counter medications to, the named minor, within the Staff scope of practice, and as deemed beneficial to the health and well-being of the named minor. I further agree that the over-the-counter and prescription medications, brought to camp will be collected by and then only administered by, the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff, in accordance with all applicable prescriptive direction and/or on an as needed basis. No medications having reached an expiration date will be accepted or administered.

In the event I cannot be reached by phone at the time of an injury or illness to the named minor, I hereby give, as parent/legal guardian, my permission to the doctor selected by the ALLIANCE REDWOODS CONFERENCE GROUNDS to hospitalize, access and procure necessary medical records, and secure appropriate treatment, including but not limited to, injections, anesthesia, testing, radiology, or surgery for the named minor as deemed necessary. Medical insurance coverage by the ALLIANCE REDWOODS CONFERENCE GROUNDS' insurer is secondary to your medical insurance policy, and available only following the usage of your policy to the limit of your policy coverage or if you have no medical insurance of your own.

I understand that in signing this form that I am providing both a Medical and Liability Release to the ALLIANCE REDWOODS CONFERENCE GROUNDS for the minor named on the front page. I hereby acknowledge that during his/her attendance at a camp session certain risks exist, which may be known or unknown at this time, and may result in physical injury or illness. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named minor in all session related activities, unless specifically noted on this form. This release is intended to stand on the behalf of the named minor, and in place of all claims by any family member or agent. These releases of ALLIANCE REDWOODS CONFERENCE GROUNDS shall be in effect only for the duration of the camp session as indicated, and only while the named minor is on the grounds of ALLIANCE REDWOODS CONFERENCE GROUNDS, and/or under the direct supervision of ALLIANCE REDWOODS CONFERENCE GROUNDS employees.

I agree that, in the event of dispute between myself as guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree as parent/legal guardian, to absolve and hold harmless the ALLIANCE REDWOODS CONFERENCE GROUNDS a Non-profit Corporation, its Board of Directors and Trustees, agents and employees against liability for; damages, losses, or injuries or illnesses to; myself, my property, or the named minor.

Non-compliance with disclosed behavioral standards and instructions, written or oral, may result in disciplinary actions, up to and including, being asked to remove the named minor from the grounds. Anyone asked to leave the grounds shall forfeit all camp fees previously paid, while remaining liable for any fees due.

I hereby give my permission to the ALLIANCE REDWOODS CONFERENCE GROUNDS to use photography of the named minor taken while on the grounds for promotional purposes.

School Name: _____

Student's Name, First and Last, Please Print: _____

Please sign here:

Parent/Legal Guardian: _____ Date: _____

Please check one of the following options and sign box below.

- I will be transporting the named minor to and from ALLIANCE REDWOODS CONFERENCE GROUNDS
- The following person or organization has my permission to receive and transport the named minor from the care and facilities of the ALLIANCE REDWOODS CONFERENCE GROUNDS at the conclusion of the camp session as indicated.

Please fill in name of approved person/organization: _____

Please sign here:

Parent/Legal Guardian: _____ Date: _____

Alliance Redwoods
Conference Grounds
6250 Bohemian Hwy
Occidental, CA 95465
(707) 874-3507
Fax (707) 874-2509

Medical Form

For office use only CABIN # _____

Please complete both sides and sign the shaded areas on the back of this form in ink.

GROUP NAME: _____ Start Date _____ End Date _____

Minor

Name _____ Age _____ Birthdate _____

Primary Parent or Guardian

Name(s) _____

Home Address _____ City _____ ST _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____ Employer _____

Additional Emergency Contact Person In Case The Above Cannot Be Reached

Name(s) _____

Home Address _____ City _____ ST _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____ Employer _____

Health Care Provider

Medical Insurance Company _____ Policy # _____

Physician or Clinic Name _____ Phone # _____

Dental Insurance Company _____ Policy # _____

Dentist or Orthodontist Name _____ Phone # _____

Health History

Last Tetanus Shot ____/____/____

Please indicate any condition(s) which apply:

Diabetes _____ Headache _____ Heart Condition _____

Seizures _____ Nosebleed _____ Other _____

Asthma _____ Fainting _____

Other Medical Problems _____

Please indicate any allergies : Food _____ Insect _____ Drug _____

Name and dosage of any medication that must be taken: _____

Condition requiring medication _____

Over the counter and/or prescription medications to avoid _____

Physical disabilities _____

Restriction of activities _____

**ALLIANCE REDWOODS SUMMER CAMP
MEDICAL PROCEDURES**

The camp works under the National guidelines of ACA (American Camping Association)

Please follow these directions:

1. Parents of attending students will need to fill out Alliance Redwoods' medical form.
 - a. All medical forms must be copied back to front on ONE sheet of paper.
 - b. All medical forms must be signed in BOTH places by a legal guardian.**NO FAXES OF THE MEDICAL FORM ARE PERMITTED.**
2. Medicines should be in plastic Ziploc bag.
 - a. All bags should be labeled with CHURCH and STUDENT'S name.
 - b. MEDICATION FORM with directions regarding medicine in bag. (Below)
 - c. All medicine in original prescription bottle or original labeled box (for non prescription).
 - d. **NO LOOSE PILLS OR MIXED PILLS IN SINGLE CONTAINER.**
3. Do NOT send Tylenol, Advil, cough drops or any first aid supplies as the Medic has all these supplies. See next page for list of O.T.C. meds available at ARCG.
4. Put all of student's Ziploc plastic bags into ONE box labeled with church's name.

Cut along line and put in Ziploc bag with medication

**ALLIANCE REDWOODS SUMMER CAMP
MEDICATION FORM**

CAMPER'S NAME: _____ CHURCH: _____

CABIN NAME/#: _____

AS NEEDED	TAKEN DAILY	NAME of MEDICATION	DOSAGE/TIME	REASON FOR MEDICATION

PLEASE: Place camper's medicine in original prescription bottle or original over-the counter labeled bottle (for non-prescription) together with this form in a Ziploc Bag.

NO LOOSE PILLS WILL BE ACCEPTED OR GIVEN TO CAMPERS.

Alliance Redwoods Conference Grounds
O.T.C. Medication List

Please do NOT bring these meds to camp. They already have them available if they are needed.

- IBUPROFEN 200MG TABLETS
- ACETOMINOPHEN 80mg, 325mg, 500mg TABLETS
- ACETOMINOPHEN LIQUID 160mg/5ml
- ACETOMINOPHEN CHEWABLE 80MG
- MIDOL
- COLD RELIEF TABLETS (Multi-symptom)
- MEDI-SELTZER
- MILK OF MAGNESIA
- COUGH DROPS
- COUGH SYRUP
- CLARITIN 10mg
- BENADRYL 25mg & 50mg
- PEPTO-BISMOL
- BISMUTH TABLETS
- ANTACID TABLETS
- ORASOL GEL
- LIP OINTMENT
- CALAGEL (Itch Relief)
- HYDROCORTISONE CREAM
- TECHNU POISON OAK WASH
- TRIPLE ANTIBIOTIC OINTMENT
- ICY HOT CREAM

Special Meal Request Form:

This information needs to get to ARCG prior to camp arrival. You do not necessarily need to use this form they just need this information about any of your students who need a special diet. Also your church will be responsible to the cost of the special diet(s) that your people need.

We are very excited to offer our guests a variety of food options during our meal services.

Please check below if you would like **one** of the options at every meal throughout the length of your stay:

Gluten Free Meals

Vegan Meals - Dairy Free, Egg Free, Peanut Free, Tree Nut Free

Vegetarian Meals

COST IS \$45/PERSON TO RECEIVE SPECIAL MEALS FOR THE WEEK.

- Feel free to bring your own food, which will be stored in the main office.
- We do not serve or allow peanuts, peanut butter, tree nuts, or shellfish in our Dining Hall.
- **All guests with airborne allergies must bring their own food**, which will be stored and consumed outside of the dining hall.
- You will receive a wristband when you check in with your leader or teacher.
- When you choose to eat from our standard menu, knowing your allergy restrictions, you do so at your own risk.

Group Name: _____

Guest Name: _____

Dates of retreat: _____

Your Contact Information: _____

Please return this form to your group leader/teacher at least, **3 WEEKS PRIOR TO YOUR ARRIVAL.**

If you have any concerns or questions, please call Alliance Redwoods at 707-874-3507. Thank you!

ARCG Paintball Rule Agreement

These rules were designed with the intent of creating a fun and safety minded environment in which the guests (will be referred to as “players” for the remainder of the document of Alliance Redwoods Conference Grounds) may participate in the game of Paintball (will be referred to as “the game” for the remainder of the document). It is the duty of the Referees to enforce these rules and promote a fair, unbiased, minimized risk game in order to encourage teamwork and good sportsmanship.

These rules have been reviewed by Alliance Redwoods Conference Grounds (ARCG) Leadership, including the Paintball Manager, Program Coordinator, and Program Director. The previously listed parties are the final authorities on these rules and may change at their discretion. Modifications to these rules may be required based on specific situations and will be addressed on a case by case basis. The players will be notified of any changes before the game begins. All decisions made by the Head Referee during the game are final and unarguable.

All players must read and sign a copy of the rules before playing Paintball, agreeing that they understand and will follow all of the rules. Any player who fails to comply with the rules is subject to be ejected from the game and/or disqualified from further participation in paintball at the discretion of the Head Referee. Players who fail to comply with the rules will not be refunded any of the money they paid to participate in the game or for any additional charges (extra paint, gear rental, etc.).

All players are expected to be aware of what time their session of paintball begins and are expected to be on time. Any player who fails to arrive on time is subject to being disqualified from the game at the discretion of the Head Referee for missing the mandatory safety briefing.

The age limit at ARCG has been determined based on the difficulty level of our course and the average skill level of our players. Players must be 13 years of age or older to participate in high velocity paintball. Players must be 10 years of age or older to participate in low velocity paintball. All players should consult a physician prior to arrival if they have any conditions that might prevent them from safely playing the game.

Players and spectators will maintain a positive and encouraging atmosphere while at Paintball. Any player or spectator who fails to demonstrate good sportsmanship in their conduct will be ejected from Paintball for the remainder of the game

All players are expected to wear appropriate attire. Dresses, skirts, and/or open toed shoes are prohibited.

Staging Area (Off-Course)

1. Keep barrel sheath (cover) on
2. Keep safety on (The safety is a device on the marker that prevents or allows it to fire. The Referees will demonstrate how to properly use the safety when you arrive at Paintball.)
3. Keep the gun (will be referred to as “marker” for the remainder of the document) pointed at the ground

On-Course

1. Wear mask properly at all times, this includes while exiting the course
2. Remove barrel sheath and place in bucket on course
3. Do not fire until horn blows and do not fire after game is finished
4. Stay within boundaries

5. Do not pick up paint off the ground
6. Do not climb trees
7. Call for a Referee if you need assistance during game play
8. Acknowledge that you are hit if the paintball breaks on your body, mask, or marker
9. When you are out yell "I'm out. I'm out.", put your marker over your head, and quickly return to the staging area
10. Put the barrel sheath back on the marker before entering the staging area
11. Any additional paint that has been purchased will be taken to the front office for you to pick up as you leave ARCG

Do Not Fire

1. At anyone within 10 feet (surrender rule)
2. At Referees

Equipment

1. Players must wear a mask beyond the sign marked "Mask On" at all times
2. Only equipment provided by ARCG will be used

By signing below I acknowledge that I understand the rules and requirements of ARCG's Paintball Course. I agree to follow the aforementioned rules. If player is under the age of 18 a parent or guardian must sign below stating that they have reviewed this document with the minor they are signing for.

Please print

Name of group _____

Player name (please print) _____

Signature _____ Date _____

Participant Agreement

Sonoma Canopy Tours is designed for participants in reasonably good health. Due to the nature of the tour, we reserve the right to refuse participation to anyone. The Sonoma Canopy Tour is an isolated environment; immediate medical attention may not be available. We cannot be responsible for any valuables dropped from the tour or left in your vehicle. You must sign the Voluntary Participation Agreement Form prior to participation.

Please review the following regulations:

- You must weigh at least 70 pounds, and not more than 250 pounds.
- Youth under age 18 must have a parent or legal guardian sign the Voluntary Participation Agreement Form.
- You must wear sturdy, closed-toe shoes that secure to the ankle.

Attire and preparation:

- Please wear comfortable clothing that protects your torso from rubbing caused by the seat and chest harnesses.
- Please no revealing clothing, dresses or skirts.
- Please remove loose or dangling jewelry and body piercings.
- Please tie back and secure long hair.
- Please remove all valuables including rings, necklaces, bracelets, and personal electronics.
- Cameras are welcome on the tour, however you are solely responsible for its transport and condition.

If you have any of the following medical conditions we **STRONGLY** recommend you consult your physician **prior to participation, and discuss any concerns with your guide:**

- Heart disease or any cardiac condition that may require immediate medical attention.
- Hemophilia.
- Take any blood thinning medications.
- Epilepsy.
- Asthma.
- Diabetes.
- Insulin dependent.
- Severe allergic reactions.
- Severe recent, reoccurring or existing injuries.

You cannot participate in the canopy tour if you are:

- Pregnant or think you may be pregnant.
- Under the influence or consumed alcohol prior to the tour, illegal drugs, or legal drugs that we consider will impair you in any way.

Voluntary Participation Agreement

Please read this document carefully. It must be signed by all participants prior to going on the Sonoma Canopy Tour. If the participant is a minor, at least one parent or guardian must also sign as evidence of their agreement to these terms and conditions on their own behalf and on behalf of the minor.

1. I, the undersigned participant, acknowledge that I have voluntarily applied to participate in the Sonoma Canopy Tour operated by Alliance Redwoods Conference Grounds (ARCG), which is a physically demanding and hazardous activity. I do not have any medical condition which might create an unsafe risk to me or others who are participating in this activity with me. I have also read and understand the participant requirements form.

2. Acknowledgement of Risks

I understand that the Sonoma Canopy Tour at Alliance Redwoods may expose participants to certain risks. The activities require moderate physical exertion and are conducted at heights up to 200 feet. Among the hazards and risks of the activities and use of the premises and equipment are the following: falls; collisions; abrupt and possibly harmful contact with structures, objects and persons; anxieties and fears associated with heights; close contact with other people; coordination and misjudgments on the part of participants; the failure of structures or equipment; and the unpredictable forces of nature.

Participants may experience increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, a fear of height, or of unprotected falling, loss of balance, coordination and misjudgments, including failure to follow procedures and instructions, physical or mental or psychological stress, fatigue, chill and /or dizziness which may diminish reaction time and increase the risk of an accident. Injuries associated with participation may include breaks, sprains, bruises, and in extreme cases, emotional upset, anxiety and even death.

Participants acknowledge that the description of risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death. Participants acknowledge that this activity is purely voluntary, and participate with full knowledge of the inherent risks in such activity.

3. Assumption of Risk

I understand that the Sonoma Canopy Tour is a hazardous activity. I am voluntarily participating in this activity with knowledge of the danger involved. I hereby accept any and all risks of injury or death to myself or any minor children for which I am responsible, arising out of or in any way connected with the use of the Sonoma Canopy Tour, the Alliance Redwoods facilities, and/or any one of affiliated activities of Alliance Redwoods Conference Grounds.

4. Release and Indemnity

As consideration for being permitted to participate in the Sonoma Canopy Tour, I hereby agree that I, my assignees, heirs, and/or as the parent/guardian of a minor participant, will release and hold harmless and not bring any claim or legal suit against Alliance Redwoods Conference Grounds, its directors, managers, officers, agents, employees and volunteers or its affiliated organizations or the supplier of any of the equipment used in the activity ("Released Parties"), for any and all claims of injury, disability, death or other loss or damage to person or property suffered by me or my minor child arising in whole or in part from participation in this activity, both foreseeable or unforeseeable. I hereby waive the provisions of Civil Code 1542 for future unknown claims which are as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH, IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

In addition, I agree TO INDEMNIFY (that is, defend and satisfy by payment or reimbursement, including costs and attorney's fees) Released Parties from any claim of loss, injury or death, brought on by myself or my child against another co-participant. These agreements of release and indemnity include loss or damage caused or claimed in whole or in part by the negligence of a Released Party, but not intentional wrongs or the gross negligence of a Released Party.

5. Severability

If any provision of this agreement is held to be void or otherwise unenforceable by a court of competent jurisdiction, the remaining provisions shall nevertheless be fully enforceable, unimpaired by such holding.

6. Additional Provisions

I, an adult participant or the parent/guardian of a minor participant, authorize Alliance Redwoods Conference Grounds to provide or obtain for me such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and transportation.

Any dispute between a Released Party and participant or parent/guardian will be governed by the laws of the State of California, and any mediation or suit shall take place only in that State in the County of Sonoma.

I, on behalf of myself and any minor child, hereby give my permission and consent to the taking of photographs, video, or other media and agree that such material may be published and otherwise used by Alliance Redwoods Conference Grounds for purposes it deems appropriate without compensation to me or the child.

I HAVE CAREFULLY READ THIS VOLUNTARY PARTICIPATION AGREEMENT FORM AND PARTICIPANT REQUIREMENTS AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY IN WHICH I AM GIVING UP IMPORTANT LEGAL RIGHTS AND A CONTRACT BETWEEN MYSELF AND ALLIANCE REDWOODS CONFERENCE GROUNDS AND/OR ITS AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL.

Participant

Name _____ Date of Birth ____/____/____

Relevant Medical Conditions/Allergic Reactions _____

Signature _____ Weight (Lbs) _____ Date ____/____/____

Email Address _____ Check here if you do not want to be included in our mailing list ___

Parent or Legal Guardian

Parent or Guardian _____ Phone _____

Signature _____ Date ____/____/____

Emergency Contact

Name _____ Phone _____

Relation _____



Field Trip/Activity Permission Slip

Date of event/trip: **June 23-28th**

Starting time: **3:00pm** Ending time: **3:00pm**

Location: **Alliance Redwoods Conference Grounds**

Description of Activity: **We will be going to and from a Christian summer camp called "Xtreme Camp" hosted at Alliance Redwoods in Occidental, CA.**

I (the undersigned) for the student indicated below, apply to New Vintage Church (NVC) to participate in the activity described and indicated above ("Activity"). I acknowledge and agree to, and represent, the following for myself and the student, in consideration of the opportunity to be provided by the Church (contingent upon its agreement to my child's and/or my participation).

Acknowledgment of Risks. I acknowledge that participating in the Activity involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of the Church.

Information Relied on by Church. I am the parent or legal guardian for the student for whom this document is signed. The student is in good health and sound mind. If necessary, I have discussed or will discuss with my physician the student's participation in the Activity, and the student has received or will receive any vaccination or other recommend prerequisite medical treatment my physician deems necessary. The student will participate in the Activity only if I have received my physician's approval, if I deem it necessary, and believe that the student is able to participate without harm. I acknowledge that the Church will not assess or approve the student's fitness for participation. I am under no force or duress of any kind to compel the student's participation in the Activity or my signing of this document.

Release. THIS DOCUMENT IS INTENDED TO ABSOLVE THE CHURCH OF ANY LIABILITY TO ME OR THE STUDENT THAT IS RELATED TO THE STUDENT'S PARTICIPATION IN THE ACTIVITY. Accordingly, I hereby release the Church from, waive, and will never sue the Church for, any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with the student's participation in the Activity. Such liability includes any liability that arises or is alleged to arise from the Church's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that the student or I have sued or from whom the student or I have received compensation.

Medical Permission. I give my permission for the student to be treated for illness or injury sustained while participating in the Activity, including by the administration of emergency anesthesia or surgery; and authorize the adult leaders of the Activity to act on my behalf in ordering such treatment.

Definitions. (a) References to "me," "my," and "I" shall include and bind the student, my spouse, any parent of the student for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such student, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such student. (b) "Participation" or "participating" in the activity includes planning and preparing for, traveling to, and traveling from, as well as participating in, the Activity. (c) The "Church" includes (i) its affiliates, and institutions cooperating in the Activity; (ii) the trustees, elders, deacons, officers, employees, volunteers, and agents of the Church or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the fore going.

Additionally, I understand that the student's name, image (in photograph and/or video), or statements (collectively "Contribution") may become part of a promotional video or product produced by Church. I grant the Church and Church's publishers and partners the right to use my Contribution in all forms and media and for use in advertising and promotion. I waive my right to approve of or inspect the use of my name, image, and/or statement in the product and acknowledge that I have no ownership rights in the product. I release the Church and the Church's assigns, licensees, and successors from any claims that may arise regarding the use of the Contribution including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, copyright, or right to compensation. I have read and understood this agreement.

Student's Name

Parent/Legal Guardian's name

Parent/ Legal Guardian's Signature

Date

Emergency Contact number(s) _____



Additional Information

First and Last Name of Student: _____

Biological Gender of student (circle): M/F

Age and Grade of student: _____

T-Shirt Size (circle): XS S M L XL XXL

Dietary Restrictions (circle): Yes/No

(please also indicate on other forms)

Will your student be bringing medication? (circle): Yes/No

(please also indicate on other forms)

Is your student planning on participating in either paintball or the canopy tour?: Yes/No

Will your student be bringing a cellphone? Yes/No

(Cellphones are allowed, but only in cabins with their counselor's permission. Cell service is VERY limited and usually there is no service at all at camp)

Any other information your student's counselor (cabin leader) should know?_____

