

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: **PCN Women's Retreat - English**

Group Date: **September 30-October 2, 2016**

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.

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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**