

# Grace Fellowship Student Life Camp 2010

Camp Windermere-June 7-11

Deadlines: Deposit-April 25

Paperwork-May 23

Final Payment-June 6

(Please Note: Notarization is required on the First and Fourth Pages of this Registration Form)

The undersigned is the parent and/or legal guardian of \_\_\_\_\_, a minor, who is now under my control and custody. I grant the above participant permission to go on and participate in the Grace Fellowship Student Life Camp including transportation to and from Camp Windermere and the time spent and activities taking place while there as well as any necessary stops on June 7-11, 2010. In consideration of the above participant being permitted to participate in such an activity, I hereby release, forever discharge and agree to hold harmless Grace Fellowship and any and all sponsors and workers thereof from any and all liability, claims or demands and expenses of any nature whatsoever which may be incurred by the undersigned and the participant.

We (I) do hereby grant permission of Grace Fellowship workers to take said participant to a physician or hospital, and hereby authorized medical treatment including but not in limitation to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care (full attempts to call parents prior to such actions will take place). The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to our (my) participant pursuant to this authorization.

\_\_\_\_\_  
Parent and/or Legal Guardian

\_\_\_\_\_  
Address & Zip

\_\_\_\_\_  
Phone (Home, Cell & Office)

\_\_\_\_\_  
Email

Medical information List any drug allergies: \_\_\_\_\_

\_\_\_\_\_

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

Health History that would be helpful: \_\_\_\_\_

\_\_\_\_\_

## Healthcare Benefit Information

Submit at your own discretion. Grace Fellowship will treat any healthcare benefit information as very confidential. This information will only be submitted to a healthcare provider in the event of an accident or illness for which the participant needs medical attention. This form will be destroyed upon returning from event/trip/activity.

Name of Policy Holder (parent) \_\_\_\_\_

## Provider Info

Healthcare Provider: \_\_\_\_\_ Group # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## Notary Information (Required)

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_,

A.D. \_\_\_\_\_.

Notary Public, Signature \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

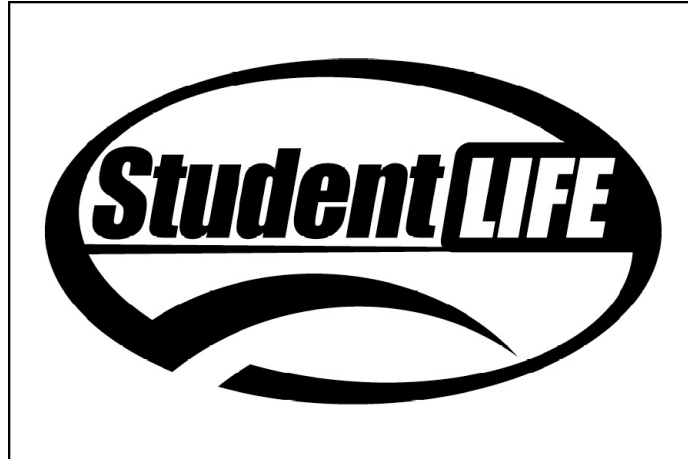


FOR OFFICE USE ONLY

Code: \_\_\_\_\_

Team: BRN AQU BLU

ORG YLW



WE ARE HELPING PEOPLE KNOW CHRIST THROUGH HIS WORD

[WWW.STUDENTLIFE.NET](http://WWW.STUDENTLIFE.NET)

## Waiver & Release

**All participants in Student Life Events must have a signed and notarized Waiver & Release Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian. This form cannot be faxed or mailed to the Student Life office. It must be brought to registration.**

Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Camp Location (herein after "camp location"): \_\_\_\_\_

**Event attending: Student Life Camp**

**Please check which one best describes the attendee (more than one may apply):**

Student     Family Group Leader     Adult     Youth/Children's Minister

**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release / Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Student Life, Inc., and camp location (including colleges, universities and conference centers), its directors, employees, agents, volunteers, and affiliates ("Student Life" and "camp location") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless Student Life and camp location for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not Student Life and

camp location, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Student Life and camp location from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Student Life and camp location events.

**Camp Location Recreation Addendum** - The recreation programs at summer event locations strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics. You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to [www.studentlifecamp.com](http://www.studentlifecamp.com) and follow the specific location Recreation Program link.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Student Life and camp location. Student Life and camp location, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Copy to Camp Location.** It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp location.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

**Please check, which applies:**

Parent/Guardian  Attendee 19 years of age and older

Signature: \_\_\_\_\_

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Your Name: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Notary Information (Required)**

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_,

A.D. \_\_\_\_\_.

Notary Public, Signature \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.