

SENIOR CAMP

Signature Sheet

This signature sheet is mandatory and must be brought with applicant to camp, fully signed and dated.

Name of Applicant: _____

Applicant

I, THE APPLICANT, CERTIFY THAT ALL THE INFORMATION ON THE APPLICATION I HAVE PROVIDED, WHETHER WRITTEN OR DIGITAL IS TRUTHFUL AND ACCURATE.

I, the undersigned, do hereby waive the right to make a claim against the Western District of the United Pentecostal Church, the Western District Youth Department of said District, or any person(s) involved with the Senior Camp for any injury or loss sustained during or in connection with the Western District Senior Camp.

Applicants Signature: _____

Date: _____

Parent

I, THE PARENT OR GUARDIAN OF SAID APPLICANT, GIVE MY PERMISSION FOR THE APPLICANT TO ATTEND SENIOR CAMP. THIS CAMPER MAY RECEIVE EMERGENCY MEDICAL TREATMENT. THE CAMP PRINCIPAL HAS MY PERMISSION TO SIGN FOR MEDICAL TREATMENT. I AFFIRM THAT THE INFORMATION ON THE APPLICATION IS TRUE AND THIS CAMPER MAY PARTICIPATE IN ALL CAMP ACTIVITES. I UNDERSTAND THE LIABILITY RELEASE FORM.

I, the undersigned, do hereby waive the right to make a claim against the Western District of the United Pentecostal Church, the Western District Youth Department of said District, or any person(s) involved with the WAY Choir for any injury or loss sustained during or in connection with the Western District Apostolic Youth Choir (WAY).

Signature of Parent or Guardian _____
(Required If Applicant Is Under 18)

Date: _____

Pastor It is mandatory that all campers have their pastor's recommendations to attend and the pastor's signature on the signature form. Pastor: to fulfill our purpose and desire of this camp, it is mandatory that all pastors sending campers must go through the dress code rules completely with prospective campers prior to their attendance at camp. If you have any questions please contact the Western District Youth President.

I, THE PASTOR OF SAID APPLICANT, GIVE MY RECOMMENDATION FOR THIS CAMPER TO ATTEND SENIOR CAMP.

Signature of Pastor: _____
(Required for All Applicants)

Date: _____

This signature sheet MUST be brought with applicant to Senior Camp where it will be retained on record throughout the duration of camp. If it is not brought, they will not be allowed to stay on campus until one has been obtained.

SENIOR CAMP

WESTERN DISTRICT OF THE UNITED PENTECOSTAL CHURCH MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE FORM CALIFORNIA CIVIL CODE SECTION 25.8

It is my desire that I or my child/ward, participate in the activities of Senior Youth Camp therefore:

I, the undersigned parent/guardian of _____ (Camper's Name), do hereby authorize the adult sponsor of Senior Youth Camp or any responsible adult person bearing this written authorization, in to those said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

It is understood that this authorization is given in advice of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury to myself, or my child/ward I agree that I /We and my health care insurer shall be financially responsible for any medical treatment required by myself, or child/ward as a result of any injury or illness suffered during his/her participation in any Senior Youth Camp related activities.

RISK

I am aware that these activities may involve some hazards. I have considered these risks and I still wish myself, or my child/ward to participate. Furthermore, I agree not to bring legal action against the Western District of the U.P.C., staff or sponsors as a result of any injuries suffered in the course of his/her participation.

DISPUTE

In the event a dispute arises between myself and The Western District of the U.P.C. concerning injuries to my child/ward, then I agree that a Christian arbitrator acceptable to both sides shall resolve the dispute. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to reserve a right to recovery.

TERM OF AGREEMENT

This authorization will remain in effect while myself, or the minor above is in route to or from or involved or participating in any program or activity authorized by the Western District of the U.P.C., unless revoked by the undersigned in writing and delivered to the agent of the Western District of the U.P.C.

Date	Signature	Relationship
------	-----------	--------------

Address	City	State	Zip
---------	------	-------	-----

Phone (Day)	Phone (Night)	Medical Ins. Co.
-------------	---------------	------------------

Doctor's Name	Doctor's Phone	Group Cert. Or I.D.
---------------	----------------	---------------------

Special Health Instructions:



"Impacting lives for Christ through exceptional camping experiences."

Authentic • Accessible • Enduring

Minor(s) (under age 18) identified for this release:

MINOR (UNDER AGE 18) PARENT/GUARDIAN

RELEASE, WAIVER AND INDEMNITY AGREEMENT

I, THE UNDERSIGNED, LEGAL PARENT OR GUARDIAN, WISH TO VOLUNTARILY PERMIT MY SON(S) AND/ OR DAUGHTER(S) OR WARDS, NAMED BELOW, TO PARTICIPATE IN ACTIVITIES AT SUGAR PINE CHRISTIAN CAMPS, OAKHURST, CALIFORNIA. ACTIVITIES MAY INCLUDE, BUT ARE NOT LIMITED TO:

HIGH ROPES CHALLENGE COURSE, LOW ROPES CHALLENGE COURSE, ZIP LINE, PAINTBALL, CLIMBING STRUCTURES, POOL AND POND ACTIVITIES, ORGANIZED GAMES AND EVENTS WHICH MAY INCLUDE ARCHERY, BB GUN FIRING, FRISBEE, BICYCLING, TRAIN RIDES, AND ANY AND ALL PERSONAL CHOICE ACTIVITIES MY SON(S) AND OR DAUGHTER(S) CHOOSE TO EXPERIENCE.

ADVENTURE RECREATION MINIMUM AGE AND SIZE REQUIREMENTS

HIGH ROPES CHALLENGE COURSE: 13 YEARS OLD AND 4'10" TALL

PAINTBALL: 12 YEARS OLD OR ENTERING 7TH GRADE

LOW ROPES CHALLENGE COURSE: 10 YEARS OLD

CLIMBING STRUCTURES: 6 YEARS OLD

I FULLY RECOGNIZE THE DANGERS AND HAZARDS INHERENT IN CAMPING ACTIVITY, AND ANY RELATED TRANSPORTATION; INCLUDING PERSONAL INJURY, PROPERTY DAMAGE, OR WROGFUL DEATH, AS WELL AS THE UNKNOWN DANGERS AND HAZARDS WHICH MAY ARISE IN MY SON(S) AND/OR DAUGHTER(S) PARTICIPATION IN THE CAMPING ACTIVITY, DO HERBY VOLUNTARILY:

AGREE FOR MYSELF, MY HEIRS AND PERSONAL REPRESENTATIVE(S), TO DEFEND, HOLD HARMLESS, INDEMNIFY, RELEASE AND FOREVER DISCHARGE, TO THE BROADEST EXTENT ALLOWED BY CALIFORNIA LAW, SUGAR PINE CHRISTIAN CAMPS, THEIR TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, INSURERS, SUCCESSORS AND ASSIGNS; FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION ON ACCOUNT OF ANY DAMAGE TO REAL OR PERSONAL PROPERTY, OR ANY PERSONAL INJURY OR DEATH THAT MAY RESULT FROM MY SON(S) AND/OR DAUGHTER(S) PARTICIPATION IN ALL ACTIVITIES.

The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware and understands the legal consequences of signing this Release. The undersigned parent or guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by California law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

PRINTED NAME (Parent or Guardian)

SIGNATURE (Parent or Guardian)

8-2014



"Impacting lives for Christ through exceptional camping experiences."

Authentic • Accessible • Enduring

PARTICIPANT (PRINT NAME): _____

RELEASE, WAIVER AND INDEMNITY AGREEMENT
ADULT (OVER AGE 18)

I, the undersigned, wish to voluntarily participate in activities at Sugar Pine Christian Camps, Oakhurst, California. Activities may include, but are not limited to:

High Ropes Challenge Course, Challenge Course, Zip Line, Paintball, Climbing Structures, Pool and Pond Activities, Organized Games and events which may include Archery, BB Gun Firing, Frisbee, Bicycling, Train Rides, and any and all personal choice activities I choose to experience.

I fully recognize the dangers and hazards inherent in camping activity, and any related transportation; including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in my participation in the camping activity, and do hereby voluntarily:

Agree for myself, my heirs and personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by California law, Sugar Pine Christian Camps, their trustees, officers, employees, agents, insurers, successors and assigns; from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property, or any personal injury or death that may result from my participation in any camping activity.

I agree to allow Sugar Pine Christian Camps to post pictures, video or likeness of me without individual names on its promotional venues.

SIGNATURE OF PARTICIPANT

DATE