

SENIOR CAMP

Staff Signature Sheet

This signature sheet is mandatory and must be brought with staff member to camp, fully signed and dated.
FILLING OUT AN APPLICATION DOES NOT GUARANTEE YOU A SPACE ON THE CAMP STAFF ROSTER.

Upon review of the application you will be notified by the Camp Principal on the status of said application.

Name of Applicant: _____

Staff 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. I agree to submit to a background check.

Applicants Signature: _____

Date: _____

Pastor It is mandatory that all staff members 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 staff members must go through the dress code rules completely with prospective staff members prior to their attendance at camp. If you have any questions, please contact the Senior Camp Principal.

I, THE PASTOR OF SAID APPLICANT, GIVE MY RECOMMENDATION FOR THIS STAFF MEMBER TO ATTEND SENIOR CAMP AND WORK WITH OTHER STAFF MEMBERS AND CAMPERS.

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, applicant 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 to participate in the activities of Senior YouthCamp therefore:

I, _____ (Staff Name) do hereby authorize the adult sponsor of Senior YouthCamp or any responsible adult person bearing this written authorization, in to those said care the above name 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 myself 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, I agree that I and my health care insurer shall be financially responsible for any medical treatment required by myself as a result of any injury or illness suffered during my 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 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 my participation.

DISPUTE

In the event a dispute arises between myself and The Western District of the U.P.C. concerning injuries to myself, 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 I am 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

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:

SENIOR CAMP



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