

# PROGRAM HEALTH AND CONSENT FORM

Camp Attending: \_\_\_\_\_



Event Attending: \_\_\_\_\_

Dates: \_\_\_\_\_

## TO BE COMPLETED FOR ALL PERSONS USING CAMP:

Camper Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Parent/guardian: \_\_\_\_\_ Parent/guardian: \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Emergency phone: (\_\_\_\_\_) \_\_\_\_\_  
Primary doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Health insurance provider: \_\_\_\_\_ Group policy #: \_\_\_\_\_  
Policyholder: \_\_\_\_\_ Policyholder's #: \_\_\_\_\_

## PLEASE SELECT APPLICABLE HEALTH INFORMATION:

**ALLERGIES \***      **PHYSICAL**

<input type="checkbox"/> Medication	<input type="checkbox"/> A.D.D. or A.D.H.D	<input type="checkbox"/> Cardiac History	<input type="checkbox"/> Seizures
<input type="checkbox"/> Food	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Insect sting	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Special diet: _____
<input type="checkbox"/> Seasonal			
<input type="checkbox"/> Other: _____		Treatment for allergic reaction: _____	

\* Allergy specifics: \_\_\_\_\_

## ADDITIONAL HEALTH CONDITIONS

Describe any current physical, mental, or psychological condition which require medication, treatment, or special restrictions or considerations at camp (if none, please indicate). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMMUNIZATIONS:

All immunizations for school are up to date: (circle one)    **Yes**      **No**      Date of last tetnus shot: \_\_\_\_\_

## MEDICATIONS:

Are you on any medications?: (circle one)    **Yes**    **No**    *If taking medications at camp, please provide a Physician's Authorization Form.*

Please list all current medications: \_\_\_\_\_

## IMPORTANT MEDICATION INFORMATION:

ANY MEDICATION BROUGHT TO CAMP MUST BE AUTHORIZED BY WRITTEN INSTRUCTIONS AND IS TO BE GIVEN TO AND ADMINISTERED BY CAMP STAFF. ALL MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER IN WHICH THEY WERE ISSUED (WITH MEDICAL INSTRUCTIONS AND DOCTOR'S NAME INTACT). OTHER CONTAINERS WILL NOT BE ACCEPTED. *NOTE: Please only bring the correct amount of medication needed for the duration of the camper's stay. All medication must be given directly to the camp nurse at registration and picked up by the parent/guardian at the end of camp. Campers may carry epipens/rescue inhalers if aithorized by a physican.*

## MEDICAL RELEASE

I hereby give consent for my child to participate in all camp activities and receive routine and/or emergency medical care. In the event of a medical emergency, I understand every effort will be made to contact me. If I cannot be reached, I give my permission to the physician selected by CRISTA Camps to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

## HEALTH INFORMATION RELEASE

I hereby give consent for information about my child's health may be left in a phone message for the home/cell/work phone numbers listed above.

**PARENT/GUARDIAN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## CRISTA MINISTRIES PHOTO RELEASE



I hereby authorize, grant and license CRISTA Ministries permission, in the furtherance of the organization and any of its activities and for other uses by CRISTA Ministries in the advertising, marketing and/or promotion of CRISTA Ministries and any of its activities or services, and with or without identification of me by name: (1) to create, produce, record, edit copy, distribute, display, modify, perform, photograph, take digital images of, videotape or interview me and to create derivative works therefrom, and to generally use and exploit my name, identity, voice, signature, likeness, image and biographical materials (collectively, "My Publicity Rights"); (2) to use, publish, republish or exhibit statements from me or referring to me; and/or (3) to use, publish, republish or exhibit materials containing content based on My Publicity Rights in photograph(s), digital image(s) and/or video(s). I understand these materials may be used alone or combined with other audio or visual works and materials, including narration, music, photography, as CRISTA Ministries deems appropriate. CRISTA Ministries will own all these materials and related rights, including the copyright, in these materials and, to this end, I hereby transfer all copyrights I may have in these materials (if any) to CRISTA Ministries. This authorization, grant and license apply, in perpetuity, to all of CRISTA Ministries' publications and any and all other media, whether now known or later devised.

I hereby release and discharge CRISTA Ministries and its employees, successors, assigns, agents and representatives from any and all claims and demands arising out of or in connection with CRISTA Ministries' exercise of the above rights and permissions regarding CRISTA Ministries' use of My Publicity Rights or statements, including without limitation any and all claims for libel or invasion of privacy. By signing below, I acknowledge that I will receive no compensation now or in the future for CRISTA Ministries' use of My Publicity Rights or statements as described above. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me, my heirs, legal representatives and assigns. I represent and warrant that I am 18 years of age or older, and, if not, my parent or guardian has signed on my behalf, below.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to CRISTA Ministries \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

*(over, please)*

# CRISTACAMPS



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## Agreement for Waiver and Release, Assumption of Risks & Indemnification

**NOTICE: This document affects your legal rights, please read carefully. Handwritten *changes* to this document are not permitted and will not be honored. This Agreement constitutes the entire Agreement and shall not be modified except via written document, executed by both parties. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.**

Guest Group/Event Name \_\_\_\_\_

Voluntary Participant Name (print) \_\_\_\_\_

(If Minor) Parent/Legal Guardian Name (print) \_\_\_\_\_

[OBJ]

**I, the above Participant or the Parent/Legal Guardian of Participant, being above the age of 18, agree as follows:**

I acknowledge and understand that certain activities available at CRISTA Camps, including but not limited to: skating, skateboarding, paintball, climbing structures, ropes courses, archery, marksmanship, water sports, horses and dirt bikes are hazardous and dangerous activities that require strenuous exercise and varying degrees of skill and experience. I understand that these activities and other activities conducted at camps may result in serious injury to the person and damage to property, and I voluntarily assume any and all risks of loss, damage or injury while on the premises.

I agree to follow all rules, protocols, procedures and guidelines regarding my presence at camps and participation in camps activities which have been disseminated in written or verbal form. I understand that if I have questions, it is my responsibility to ask for clarification. I understand that my failure to follow the rules may endanger myself and/or others and I agree that my actions in this regard may result in my being asked to depart the premises. I also understand that if I damage the camp facilities, premises, or cause harm in other ways, I may be personally responsible for this damage.

I understand that being around other campers at CRISTA Camps may cause me/my family to be exposed to transmissible illness and/or diseases and I/we accept the risk of illness and death as a result.

Additionally, I understand that COVID-19 is a dangerous respiratory illness that can result in permanent disability or death. Although CRISTA Camps has put in place measures to reduce the risk of transmission, I understand that there are no guarantees that me and my family will not contract or transmit COVID-19 through participation in CRISTA Camps. In the event of concerns regarding transmission of COVID at Camps, I will participate in all contact tracing efforts by CRISTA Camps or health authorities. I understand that this may require that I/my child leave the premises immediately and I agree to cooperate with all instructions from my medical providers and the camps in this regard. I voluntarily assume all such risks on behalf of myself. I will follow all directives from CRISTA Camps staff and volunteers regarding screening, mask use, social distancing, and other procedures intended to reduce the risk of COVID-19 transmission. I understand that these procedures may change at any time and I agree to follow all requirements in effect. **SPECIFIC TO COVID-19: I HEREBY RELEASE AND AGREE TO DEFEND AND INDEMNIFY CRISTA MINISTRIES D/B/A CRISTA CAMPS, ITS OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES, AGENTS, AND VOLUNTEERS (COLLECTIVELY, RELEASED PARTIES), FROM ANY AND ALL CLAIMS AND LIABILITIES RELATED OR ARISING OUT OF MY, MY CHILD'S, OR MY FAMILIES' EXPOSURE TO COVID-19 THROUGH OUR PARTICIPATION IN THE PROGRAMS OFFERED BY CRISTA CAMPS, EVEN IF THE CLAIMS ARE BASED ON**

THE NEGLIGENCE OF THE RELEASED PARTIES. THIS RELEASE IS BINDING ON ME AND MY PERSONAL REPRESENTATIVE AND HEIRS. I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND WHAT IT SAYS.

I acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering the camp premises, at either Island Lake or Miracle Ranch, and participating in, or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, or for the participation of my child (or the child or minor for whom I represent that I am legal guardian), I hereby release and forever discharge CRISTA Camps and CRISTA Ministries, and their employees, officers, directors, trustees, volunteers and all other persons or entities acting on their behalf (collectively referred to as "CRISTA"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my, my child's, or the minor's (for whom I represent that I am legal guardian) viewing or participation in any camping activities. By signing this Agreement, it is my intention to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability results from CRISTA's gross negligence and except as provided elsewhere in this Agreement.

I further agree to indemnify, hold harmless and defend CRISTA against any and all claims for damages, costs, expenses or attorneys' fees brought by any third party in connection with or arising out of my, or the above-listed participant's involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives, successors and assigns.

**Emergency Consent:** \_\_\_\_\_ (voluntary participant's name) may receive emergency and/or routine medical care from a physician or emergency facility if participant's emergency contact-- or if a minor, if participant's parent/guardian(s) are incapacitated or cannot be reached in an emergency.

**IF CAMP PARTICIPANT IS AGE 18 OR OLDER, PLEASE SIGN BELOW**

I hereby certify that I am over 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I have or possess.

Voluntary Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN BELOW**

I represent and warrant that I am the parent or legal guardian of the minor person named above and have read this CRISTA Ministries Agreement in full, have full authority to contract for the minor named above and intend, to the fullest extent permitted by law, to be bound and to cause him/her to be bound by this CRISTA Ministries Agreement. All references in this CRISTA Ministries Agreement to the minor, including pronouns, shall be read to include me, the minor's parent or legal guardian, so that I am bound, individually, to all provisions of this CRISTA Ministries Agreement and Release binding the minor person named above. In consideration of \_\_\_\_\_'s (print minor's name) ("Minor") participation in voluntary Camps activities including the use of Camps equipment and facilities, I further agree to indemnify, defend and hold CRISTA harmless from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(on behalf of marital community)

IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

I represent and warrant that I am the parent or legal guardian of the minor person named above, have read this CRISTA Ministries Photo Release in full, have full authority to contract for the minor named above and intend, to the fullest extent permitted by law, to be bound and to cause him/her to be bound by this CRISTA Ministries Photo Release. All references in this CRISTA Ministries Photo Release to the minor, including pronouns, shall be read to include me, the minor's parent or legal guardian, so that I am bound, individually, to all provisions of this CRISTA Ministries Photo Release binding the minor person named above.

PARENT/LEGAL GUARDIAN:

Parent/Guardian's Full Name (please print) \_\_\_\_\_

Relationship to Participant:  Mother  Father  Legal Guardian

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

The CRISTA Family of Ministries includes:





## Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child"). I hereby give my consent to have my minor child participate in the following activity of RealLife Church: Middle School Camp (hereafter "the activity") on April 22nd-24th, 2022. I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release RealLife, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless RealLife its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Name of Participant \_\_\_\_\_

Mailing Address \_\_\_\_\_ Shirt Size \_\_\_\_\_

Best Phone Number to Contact Participant \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Number \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*\*Return this form to Graham at [graham.monteleone@gmail.com](mailto:graham.monteleone@gmail.com) or P.O. Box 1376 Chelan, WA 98816*



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