

2019 PK/MK Retreat Student Waiver & Release Form

Student Name : _____

Date: ___ / ___ / ___

Church Name : _____

PLEASE CAREFULLY READ THIS ENTIRE WAIVER & RELEASE FORM

This registration form has been provided to register your child for camp and to inform you of the guidelines, activities, and insurance coverage that will apply during your child's stay at Northwest Ministry Network (NWMN or the Network) Camps and Retreat.

GENERAL RELEASE AND CONSENT I/we the undersigned parent(s) or guardian(s) of _____ am/are aware that the activities planned for my/our

(students name)

child while at camp may include but are not limited to the following: waterskiing and tubing, skateboarding, ropes course, swimming, paddle boats, wave runners, inflatable activities, waterfront activities, miniature golf, basketball, softball, volleyball, group games, campfires, arts and crafts, drama, music, outdoor cooking, river rafting, water slides, boating, a variety of athletic activities, and limited transportation on and off the campgrounds.

I/we also understand that the camp has acquired liability and medical insurance coverage subject to certain limitations, which may or may not include some of the named activities.

With the above in mind, I/we do hereby give permission/consent for my/our child to participate in the above named events and to hold harmless and release Northwest Ministry Network, any rented camp facility, it's agents, assigns, employees, and volunteer assistants from any and all liability whatsoever arising out of injury, sickness, claim, cause of action, expense, or damage which may be sustained by my/our child during the course of his/her stay at camp.

PHOTOGRAPHY/AUDIO/VIDEO STATEMENT Occasionally, Northwest Ministry Network, Silver Lake Camp, Cedar Springs Camp, and Lake Retreat take photographs or make audio/video recordings of campers and/or adults involved in camp activities to be used in future promotional materials. Each Camper consents to the use of any photographs, audio or video recordings and grants permission to the Northwest Ministry Network, Silver Lake Camp, Cedar Springs Camp, and Lake Retreat to take such photographs and for use them in promotional activities and materials.

_____ **Parent / Guardian Initial if you/we agree to/with the statement above**

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CAMP AGREEMENT I/we understand and have explained to my/our child that his/her attendance at this camp is a privilege, not a right, and is conditioned on his/her acceptable behavior. I/we realize that camp is something that will substantially benefit my/our child, and behavior that contravenes the following guidelines may result in his/her dismissal from camp in the NWMN, Silver Lake Camp, Cedar Springs Camps, or Lake Retreat sole discretion. In consideration of the benefits of this camp to my/our child (camper) and other good and valuable consideration, receipt of which is hereby acknowledged, I/we agree to the following: **(camper and parent/guardian must initial next to each statement)**

Camper Parent

_____	_____	Camper will abide by all camp regulations.
_____	_____	Campers are not permitted to leave the campgrounds without the Director's consent.
_____	_____	Camper (and his/her parent/s) will be held accountable and responsible to pay for any destruction of property he/she causes.
_____	_____	Campers are required to attend all meals, classes, activities, and services.
_____	_____	Camper will wear modest clothing at all times.
_____	_____	This is a closed camp. No visitors or special guests will be allowed without approval from the Northwest Ministry Network while camp is in session.
_____	_____	Camper attendance and/or registration form can be terminated at any time at the sole digression of the Northwest Ministry Network, Silver Lake Camp, Cedar Springs Camp, or its agents, employees, and volunteer assistants for any reason.

Medical Consent If it should become necessary for my/our child to receive medical treatment for any reason, I/we understand that the medical insurance policy for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD (NWMN) acts in a primary position only when the participant is not already covered by insurance. Consequently, I/we agree to submit all claims first to my/our personal insurance company and then to the insurance company for THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD. Should expenses exceed the insurance coverage limit of the Northwest Ministry Network of the Assemblies of God, I/we agree to accept the full payment responsibility for my/our camper(s) and will not hold the Northwest Ministry Network responsible for payment from that point forward.

_____ **Parent/ Guardian initial if you/we agree to/with the statement above**

I/we also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event which is over and above that which is covered by insurance.

In addition, I/we authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my/our child's health, and it is not advisable to take the time to contact me/us in advance. I/we waive my/our right to informed consent for such treatment and grant permission to an authorized representative of the Northwest Ministry Network to authorize reasonable medical care for my child if necessary.

_____ **Parent/ Guardian initial if you/we agree to/with the statement above**

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I/we give my/our permission at the nurse's direction, to administer (please mark the applicable box/s):

Acetaminophen (such as Tylenol)

Anti-diarrhea (such as Pepto Bismol)

Ibuprofen (such as Advil)

Other (please specify) _____

Antacid (such as Tums)

to my child, _____ (Child's name).

Moreover, I/we understand that temporary emergency measures may be necessary to safeguard my/our child's health, and do hereby authorize and request THE NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my/our child can be safely transported to a doctor or hospital and I authorize reasonable medical care for my child if necessary.

Dated _____ 2019
Month Day

Parent or Guardian's Signature _____

Printed Name _____