

**GIRLS MINISTRIES | IGNITE 2021  
CAMPER NOTICE & ACKNOWLEDGMENT  
WAIVER AND RELEASE OF LIABILITY**

Camper Full Name (Adult): \_\_\_\_\_

CAMP ATTENDING: Ignite 2021 | Camp Stidwell, Idaho | August 5, 2021 – August 7, 2021

**PLEASE CAREFULLY READ THIS ENTIRE WAIVER & RELEASE FORM**

This form has been provided to register Camper and to inform Camper of the guidelines, activities, and insurance coverage that will apply during Camper's participation in Northwest Ministry Network (NWMN) and/or Girls Ministries (GM) Ignite 2021.

**GENERAL RELEASE AND CONSENT**

I, \_\_\_\_\_ (Camper's full name), am aware that the activities planned while at Ignite 2021 may include, but are not limited to the following: swimming, water activities, group games, campfires, arts and crafts, drama, music, outdoor cooking, a variety of athletic activities, and limited transportation to and from event locations.

I understand that NWMN and GM 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 do hereby give permission/consent to participate in the above-named events and to hold harmless and release NWMN, GM, any rented camp or facility, its 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 myself during the course of my stay at "Ignite 2021".

\_\_\_\_\_ Camper Initials

**COVID-19 ACKNOWLEDGEMENT, WAIVER, AND RELEASE**

I acknowledge and accept any such risk on my own accord and release the NWMN and GM from any liability related to COVID-19 and the attendance of myself at "Ignite 2021".

\_\_\_\_\_ Camper Initials

I attest that I have been pre-screened by myself and may be screened at the point of entry by NWMN and/or GM for a fever via forehead thermometer. I understand that, in the NWMN or GM's sole discretion, if I have a fever (100.4 or higher), I will be required to leave early Ignite 2021. I will be quarantined until I am able to leave.

\_\_\_\_\_ Camper Initials

I further attest that I have not had, or complained of, any of the following symptoms in the last fourteen (14) days:

FEVER 100.4 or higher  
SORE THROAT  
RASH  
COUGH  
SHORTNESS OF BREATH

\_\_\_\_\_ Camper Initials

If I have no fever, nor have shown any of the above symptoms in the last 14 days, I will be permitted into Ignite 2021. I understand that any Camper, including myself, could be a "carrier" of COVID-19 and fail to show or exhibit any signs or symptoms of COVID-19. I hereby accept any and all risk associated or affiliated with my well-being, and in no way hold NWMN or GM, its related entities or affiliates, employees, staff or agents responsible for any sickness that I may encounter while participating in Ignite 2021.

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I expressly understand that participation in activities of any kind, but particularly during the current pandemic, involve risks of sickness, injury or death that no amount of care, caution instruction or expertise can eliminate. While NWMN and GM strives for perfect compliance with all local health codes, even diligent effort cannot account for the possible spread of coronavirus and the infection of myself. There are inherent risks associated with human interaction that I acknowledge and accept without condition.

\_\_\_\_\_ Camper Initials

**PHOTOGRAPHY/AUDIO/VIDEO STATEMENT**

Occasionally, NWMN and GM take photographs or make audio/video recordings of children and/or adults involved in activities to be used in future promotional materials. No pictures will be published electronically or otherwise, that list child's full name or hometown. I consent to the use of any photographs, audio or video recordings and grant permission to NWMN and/or GM to take such photographs for use in promotional activities and materials.

\_\_\_\_\_ Camper Initials

**CONSENT TO MEDICAL TREATMENT**

I also accept full responsibility for the cost of medical treatment for any injury I suffer while taking part in Ignite 2021.

In the event I become ill or sustain injury while in the care of or under the supervision of the NWMN and/or GM, church, or any of its officers or leaders, they are given permission to administer first aid for my relief.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my health, and it is not advisable to wait for me to give consent in advance. I waive right to informed consent for such treatment and grant permission to an authorized representative of NWMN and /or GM to authorize reasonable medical care for myself if necessary.

\_\_\_\_\_ Camper Initials

Moreover, I understand that temporary emergency measures may be necessary to safeguard my health and do hereby authorize and request NWMN and/or GM personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as I can be safely transported to a doctor or hospital. I authorize reasonable medical care for myself if necessary.

Date: \_\_\_\_\_

Camper Signature \_\_\_\_\_

Printed Name \_\_\_\_\_