

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

Camper Full Name (child): _____

Parent Full Name (parent/guardian of child): _____

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 the Camper and to inform the Parent (parent/guardian of 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, the Parent of _____ (Camper's full name) am aware that the activities planned for Camper 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.

Parent understands 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, Parent does hereby give permission/consent for Camper 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 Camper during the course of his/her stay at "Ignite 2021".

_____ Parent Initials

COVID-19 PARENT ACKNOWLEDGEMENT, WAIVER, AND RELEASE

Parent acknowledges and accepts any such risk on their own accord and releases the NWMN and GM from any liability related to COVID-19 and the attendance of Camper at "Ignite 2021".

_____ Parent Initials

I attest that Camper has been pre-screened by Parent and may be screened at the point of entry by NWMN and/or GM for a fever via forehead thermometer. Parent understands that, in the NWMN or GM's sole discretion, if Camper has a fever (100.4 or higher), Camper will be quarantined and must be picked up by Parent or designee immediately.

_____ Parent Initials

Parent further attests that Camper has 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

_____ Parent Initials

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If Camper has no fever, nor has shown any of the above symptoms in the last 14 days, they will be permitted into NWMN or GM Ignite 2021. Parent understands that any Camper, including their own, could be a "carrier" of COVID-19 and fail to show or exhibit any signs or symptoms of COVID-19. Parent hereby accepts any and all risk associated or affiliated with Camper's well-being, and in no way holds NWMN or GM, its related entities or affiliates, employees, staff or agents responsible for any sickness that Camper may encounter while in their care.

_____ Parent Initials

Parent expressly understands that participation in activities of any kind, but particularly during the current pandemic, involves risk 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 Camper. There are inherent risks associated with human interaction that Parent acknowledges and accepts without condition.

_____ Parent Initials

PHOTOGRAPHY/AUDIO/VIDEO STATEMENT

Occasionally, NWMN and GM take photographs or make audio/video recordings of Campers 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. Parent consents to the use of any photographs, audio or video recordings and grants permission to NWMN and/or GM to take such photographs for use in promotional activities and materials.

_____ Parent Initials

CONSENT TO MEDICAL TREATMENT

Parent also accepts full responsibility for the cost of medical treatment for any injury suffered by Camper while taking part in the Ignite 2021.

In the event Camper becomes ill or sustains injury while in the care of or under the supervision of the NWMN and/or GM churches, or any of its officers or leaders, they are given permission to administer first aid for Camper's relief.

In addition, Parent authorizes and consents to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard Camper's health, and it is not advisable to take the time to contact Parent in advance. Parent waives right to informed consent for such treatment and grants permission to an authorized representative of NWMN and/or GM to authorize reasonable medical care for Camper if necessary.

_____ Parent Initials

Moreover, Parent understands that temporary emergency measures may be necessary to safeguard Camper's 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 Camper can be safely transported to a doctor or hospital and Parent authorizes reasonable medical care for Camper if necessary.

Date: _____

Parent/Guardian's Signature _____

Printed Name _____