

Calvary Vista Summer Camp 2024 Participation Agreement

**Every Camp Participant must bring this form to registration check-in.*

Camp Participant: _____ Ph. Number: _____

Parent/Guardian: _____ Ph. Number: _____

Emergency Contact*: _____ Ph. Number: _____

**If different from Parent/Guardian.*

Grade Level: High School Jr. High School

Gender: Male Female

Food Allergies: None Yes, list: _____

I acknowledge that I am the parent or legal guardian of the minor participant identified below (hereafter “my child”). By signing this release, I hereby warrant that I have the legal right, without limitation, to enroll my child into the CALVARYOUTH Summer Camp 2024 (hereafter “Summer Camp 2024”), hosted by Calvary Vista, on **July 28, 2024 through August 1, 2024** at Camp Cedar Crest. By placing my signature below, I hereby grant my permission to allow my child to participate in Summer Camp 2024 without restriction or limitation.

I — General Liability Release and Indemnification

I understand that there are certain risks, known and unknown, including property damage, bodily injury and death, which could result from my child’s travel to, from, and participation in the Summer Camp 2024 and associated Summer Camp activities, which include but are not limited to high-risk activities.

I nonetheless authorize my child to participate in the Summer Camp 2024 and I agree that my child assumes any and all risks of injury or harm, of any kind, that may be sustained by my child while traveling to, from, or participating in the Summer Camp. To the fullest extent permitted by law, I fully release and discharge Calvary Vista, its representatives, affiliates, subsidiaries, divisions, members, directors, officers, employees, agents, servants, volunteers, staff, speakers, teachers, or any of them (collectively referred to herein as “Calvary Vista”), from all actions, suits, claims, causes of action, and demands for any injury or harm of any kind whatsoever which may arise from or out of my child’s travel to, from, or participation in the Summer Camp 2024, however such injury or harm is caused, even if it is caused in whole or in part by action, inaction, or negligence of Calvary Vista. This release is intended to discharge Calvary Vista against any and all liability arising out of or connected in any way with my child’s travel to, from, or participation in the Summer Camp 2024 even though that liability may arise out of the negligence or carelessness on the part of Calvary Vista.

Should any claim be made or any lawsuit be filed against Calvary Vista on account of any injury or damage to my child arising from any or related in any way related to my child’s travel to, from, or participation in the Summer Camp, I agree to defend, save, hold harmless, and to fully and completely indemnify Calvary Vista for any and all amounts incurred, whether by settlement or judgment, including any amounts incurred by Calvary Vista in defending against any such claim or judgment, including all attorney’s fees and costs incurred.

Moreover, should any claim be made, or any lawsuit be filed against Calvary Vista by any third party on account of the acts or conduct of my child arising from any or related in any way related to my child’s travel to, from, or participation in the Summer Camp 2024. I further agree to defend, save, hold harmless, and to fully and completely indemnify Calvary Vista from any and all amounts incurred, whether by settlement or judgment, as well as any amounts incurred by

Calvary Vista for defending against any such claim or judgment, including all attorney's fees and costs incurred.

This general liability release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during my child's travel to, from, or participation in the Summer Camp 2024 from any cause whatsoever.

II — Authorization and Consent to Medical Treatment

I give my informed consent to allow Calvary Vista and any First Aid personnel assigned by Calvary Vista, to provide basic First Aid and comfort measures to my child through standardized treatment procedures, which includes the use of over-the-counter medications. I authorize Calvary Vista to provide my child with the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels.

I authorize Calvary Vista to arrange for or provide any necessary transportation for my child to the nearest medical facility for urgent or emergency medical treatment, if indicated, and I assume all responsibility for payment for such treatment. I acknowledge that my child has his or her own medical and dental insurance and I fully and unconditionally release and indemnify Calvary Vista from all liability for any medical or dental treatment rendered to my child.

I hereby authorize and consent for my child to receive medical treatment, including any x-ray, examination, anesthetic, medical or surgical procedures which may be deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such medical treatment occurs. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care to my child to which the aforementioned licensed medical professional or institution which, in the exercise of their best judgment, may deem advisable. I understand that every effort shall be made to contact me prior to rendering any medical treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the California Family Code section 6910, and similar provisions of the laws of the State or Country in which medical or dental care is being sought.

I hereby authorize any hospital, medical facility, other medical provider who has provided treatment to my child to surrender physical custody of my child to Calvary Vista upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical treatment has been provided.

These authorizations concerning medical treatment given to my child shall remain effective through the dates set forth above for Summer Camp 2024, unless sooner revoked in writing.

III — Video/Photo Release

During Summer Camp 2024, photographs, audio recordings, and videos may be taken by Calvary Vista and used for future publicity. I give permission for such photographs, audio recordings, and videos depicting my child captured during the Summer Camp 2024 to be used for the purposes of Calvary Vista, including in promotional materials and publications and I waive any rights of compensation or ownership thereto. I understand I will not be paid royalties or other compensation and I forfeit any rights I may have to payment if such photos, videos or recordings are published. I agree that any media depicting my child during his or her participation in the Summer Camp 2024 is the sole property of Calvary Vista.

IV—Sensitive Topics

During the course of Summer Camp, students may have questions regarding many subjects. It is not unusual for questions about sex and gender identification to arise during discussions. We would like to assure you that our answers in response to any questions that arise will always be in alignment with biblical truth and teaching.

These subjects are not the focus of our Summer Camp nor are they a planned topic of discussion. However, should questions in reference to these subjects occur I, as a parent/ guardian give permission for Summer Camp 2021 staff, speakers, and leaders to respond in a truthful, biblically sound and godly manner.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

READ CAREFULLY BEFORE SIGNING.

For Minor Participants under the age of 18 Years Old:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Minor Participant's Name: _____

Minor Participant's Signature: _____ Date: _____

For Participants 18 Years of Age or Older:

I, the undersigned, affirm that I am 18 years of age or older. I consent to my participation in the activities organized by Calvary Vista at the CALVARYOUTH Summer Camp 2024. I acknowledge that I have read and understood the rules and guidelines and agree to adhere to them. I understand and accept the risks associated with participation and assume full responsibility for my actions.

Participant's Name: _____

Participant's Signature: _____ Date: _____