GREENHOUSE 242

FIRST FRIENDS CHURCH PERMISSION FORM

WINTER BLAST
FEBRUARY 3-5 2023 | CAMP GIDEON

STUDENT NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

PARENT PHONE: _____

DATE: _____

YOUR SIGNATURE GIVES YOUR STUDENT PERMISSION TO PARTICIPATE IN THE EVENT AND TO BE TRANSPORTED BY VEHICLES/BUS IF NEEDED.

A FIRST FRIENDS MEDICAL FORM MUST ALSO BE ON FILE ALONG WITH CAMP FORMS. AVAILABLE AT WWW.GREENHOUSE242.COM

Camp Gideon

330.247.2474
campgideon.org
thecampgideon@gmail.com

ASSUMPTION OF RISK, RELEASE OF LIABILITY, COVENANT NOT TO SUE & HOLD HARMLESS AGREEMENT

In consideration of my, my child's, or my family's (referred to as Participant henceforth) participation in the activities of Camp Gideon, I hereby declare the Participant to be medically able to participate in the Activities/Programming offered by Camp Gideon. I understand that there are risks involved in all the Activities/Programming undertaken. I understand that the Activities/Programs involve primarily (depending on the specific camp) but are not limited to sports, hiking, canoeing, archery, ropes courses, climbing, slingshots, running at night, activities on uneven ground, campfires, sleeping outdoors, swimming, slip-n-slide, initiative challenge programming, games with water and outdoor living. I understand these events take place under varying types of weather conditions. I also understand that the programs include possible travel to and from activity sites. I understand that participation in these activities sponsored by Camp Gideon may expose one to risks and hazards not normally encountered at work, home or school. I understand that although Camp Gideon has taken precautions to provide the proper qualified staff, appropriate equipment and instruction in correct techniques for each activity, it is impossible for Camp Gideon to guarantee a participant's absolute safety.

In consideration for participation in Camp Gideon programs described above (the "Activities/Programming"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity/Program. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity/Program or during transportation to and from the Activity/Program, as well as for any medical treatment rendered to the Participant that is authorized by Camp Gideon or its agents, staff, operators, trustees, sponsors, employees, volunteers, or any other representatives. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Camp Gideon or persons described above connected to it, for any injury, death, loss or damage of property, or otherwise arising directly or indirectly out of the described Activity/Program or transportation to and from the Activity/Program, whether such injury arises out of the negligence or breach of contract of Camp Gideon, the Participant, or otherwise, including claims by the Participant's (or parent's/guardian's) family, estate, heirs or assigns.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and Camp Gideon cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I have carefully read this Assumption of Risk, Release of Liability, Covenant not to Sue, Hold Harmless Agreement, as well as the Medical Release, Media Release, and Camper's Agreement sections and understand their content. I have done this of my own free will.

PARTICIPANT AGREEMENT

I agree to the above releases and agreements and also understand that the rules outlined at Camp are in my best interest as they insure my safety, my good example, and my total camp enjoyment as well as that of my fellow participants. I therefore also agree to live by the rules presented at camp and understand that a serious violation may result in the contacting of my parents or guardians as well as possible removal at their cost.

PARTICIPANT SIGNATURE

Name: _____

Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURES: *I hereby warrant that I am the legal parent or guardian of the child/camper/Participant and that I have the legal authority to sign these agreements on behalf of the child/camper/Participant.* **(ALL parent/guardians if participant is a minor (under 18 years of age)**

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

firstfriends CHURCH

THE WAREHOUSE
IDENTITY | BELONGING | PURPOSE

GREENHOUSE 242

MS/HS YOUTH MINISTRY 2022-23

Please complete this form once for this school year. If additional space is needed for food allergies, medication, or medical conditions, please attach to this form, labeled with your child's name. *Forms valid through August 2023.*

Medical Form

Name of Student: _____ Birth Date:____/____/____

Mailing Address:_____ City/State:_____ Zip:_____

Student cell:_____ Student Email:_____

School:_____ Grade:_____

Name of church you attend: First Friends Church_____ Other_____

Father:_____ Mother:_____

Cell:_____ Cell:_____

Email:_____ Email:_____

If parents are divorced, who has primary custody? Mother_____ Father_____ Guardian_____

Guardian's Name:_____ Cell:_____ Email:_____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name:_____ Phone #1(____)_____ Phone #2(____)_____

Name:_____ Phone #1(____)_____ Phone #2(____)_____

Allergies:_____ Other Medical Conditions:_____

Current medication and dosage:_____

Any medication that is needed during an event must be administered by our designated adult and MUST be in the original container labeled by the pharmacy. If you would like your child to have any over the counter medicine (ie. Tylenol/Ibuprofen) it will need to be turned into the youth staff and administered on an as needed basis.

Hospital Insurance:___Yes___No Insurance Company._____ Policy #:_____

Preferred Hospital:_____ Doctor:_____ Phone:_____

In the following statements, First Friends refers to all authorized adult leaders with the youth program, both paid staff and volunteers. These statements are valid from **August, 2022 - August 2023.**

I give permission for my student, named above, to attend and participate in First Friends activities.

I give permission for my student to receive communications to their cell / email about MS/HS Ministry events/reminders.

I give permission for First Friends to photograph my child or myself and use those photographs for future social media/website/advertising. Please email msassistant@firstfriends.org or highschool@firstfriends.org if you do not want your image used

I give permission for First Friends to transport my student during these activities.

I give permission for First Friends to make necessary decisions in any medical emergency involving my student.

I will not hold First Friends Church or Greenhouse 242 / Warehouse 514 volunteers responsible for payment of emergency medical treatment involving my student or liable in any way for any harm to my child during participation in activities.

The participant agrees to respect any guidelines given by First Friends related to behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

Parent or Guardian Signature:_____ **Date:**_____

May we add this form to our online secure database. We will not share/sell information. Yes____ No___