



CAMP EVERGREEN KIDS' CAMPS WAIVER FORMS AND MEDICAL INFORMATION

PLEASE NOTE: UNTIL THESE FORMS ARE RECEIVED, YOUR REGISTRATION IS NOT COMPLETE. ALL FORMS NOT RECEIVED BY FRIDAY, MAY 21, 2010 WILL HAVE TO BE HAND DELIVERED TO CAMP ON OPENING DAY OF SESSION, NO EXCEPTIONS.

BEFORE MAY 21, 2010

**PLEASE COMPLETE, AND MAIL TO:
CAMP EVERGREEN
P.O. BOX 3560
BOONE, NC 28607**

Camper's Last Name:

Camper's First Name:

Grade Entering in Fall 2010:

Session Registered For:

WAIVER OF LIABILITY AND RELEASE

General Waiver:

I recognize that there are inherent risks involved in sports and fitness activities. In consideration of the services provided, I hereby release and hold harmless, Mt. Bethel United Methodist Church, Inc. ("Mt. Bethel") and Northside United Methodist Church, Inc. ("Northside") (Mt. Bethel and Northside are herein collectively referred to as the "Churches"), Evergreen Retreat Center, Inc., doing business as Camp Evergreen (the "Camp"), the owner of the property upon which said activity is conducted, and their directors, trustees, officers, employees, agents and volunteers from any and all liability for injuries, including those resulting in death, and/or illnesses incurred while participating or attending any event or in any facility of the Churches and/or the Camp.

By signing this document, the participant or legal guardian confirms that he or she has authority to sign, has read the entire document, and has understanding that the document waives certain rights of the person signing or the participant.

Travel Waiver:

I have given _____, a camper participating in activities of the Churches and the Camp permission to travel to and from the Camp and participate in the field trips planned during as part of the Camp activities. I understand that, by signing this WAIVER, I am giving my express consent and permission for employees of Camp and/or the Churches to transport my child to and from the Camp events in church-owned vehicles, leased vehicles or private vehicles. I understand that transportation is being made available as a courtesy in order to ensure that my child has the opportunity to participate in the event, however, I am aware that my child is not required to accept the transportation being offered. I further understand and agree, for my child, and myself that neither the Churches nor the Camp nor any their directors, trustees, officers, employees, agent or volunteers shall have any liability for any injury or damage to my child's person or belongings arising out of or relating to transportation of my child to or from events related to or sponsored by either the Churches or the Camp.

CONSENT TO PARTICIPATE IN EQUINE ACTIVITIES AND WHITE WATER RAFTING

I understand that neither the Churches nor the Camp provides equine or white water activities. All such activities are offered by third parties not affiliated with the Churches or the Camp. I acknowledge the inherent risks associated with equine and white water activities and hereby waive and release any and all claims of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my child's or my participation in equine and white water activities.

I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. This Waiver and Assumption of Risk is effective throughout the camp session for which my child or myself is registered and may not be revoked, altered, amended, or avoided at any time.

Photo Release:

The undersigned authorizes Mt. Bethel, Northside and the Camp to use and display any photographs or images of me or my child taken while engaged in activities sponsored by either of the Churches or the Camp in any publication, multimedia production, display, advertisement or other publication. The undersigned releases and forever discharges the Churches and the Camp, as well, as their agents, officers, volunteers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images.

Print Camper's Name Relationship to Camper

Signature of Consenting Adult Date Signed

Medical Information Form :

In the case of a medical emergency, the contact information for the parent or guardian is:

Name(s): _____
Home Phone: _____
Cell Phone: _____
Office Phone: _____
Other Phone: _____

If parent or guardian is not available in an emergency, notify: _____

Home Phone: _____
Cell Phone: _____
Office Phone: _____
Other Phone: _____
Relationship to Camper: _____

Pediatrician's Name: _____
Pediatrician's Office Phone: _____
Pediatrician's After Hours Phone: _____

Does this camper have any of the following allergies:

Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other _____
Insect stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Ivy poisoning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Hay fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Does this camper have any medical or health problems, and has this camper had any chronic or recurring illness or illnesses, which would have an effect on the camper's participation in church and camp activities?

Yes No If yes, describe the problem or illnesses.

Name of insurance company _____

Child's Social Security Number _____

Policy No: _____

Name of policy holder: _____

Indicate the date of this camper's last tetanus shot:: _____

If this camper is on any medications, please state the medication, dosage & frequency:

Will this camper bring the medication he/she should be taking to this event? * Yes No

*(Note: A designated adult and/or nurse will collect and dispense any medication as appropriate.)

Describe any dietary restrictions that this camper is required to observe:

Other comments or suggestions from the parent or guardian concerning this camper, e.g. fear of animals, dark, bedwetting, etc.:

Insurance Claims:

I understand that the neither Mt. Bethel, Northside nor the Camp is obligated to provide medical or hospital insurance for participants in activities with Mt. Bethel, Northside or the Camp. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and any medical and hospitalization coverage (subject to the exclusions, limitations and provisions in any applicable ministry's policy) which Mt. Bethel, Northside or the Camp may have available will provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from any medical and hospitalization coverage which Mt. Bethel, Northside or the Camp may carry.

Medical Treatment Authorization:

I further understand that, in the event my camper requires medical or dental treatment while engaged in activities with Mt. Bethel, Northside or the Camp, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the any director, trustee, officer, employee, agent or volunteer acting on behalf of Mt. Bethel, Northside or the Camp as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician; surgeon, or dentist (as appropriate) licensed to practice under the law of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my camper's medical allergies, medications being taken, medical problems, and other pertinent information. My camper has my permission to participate in all prescribed activities except as noted by me. I realize that this form is valid for 6 months from the date below. If there are any changes, I will notify the Camp.

Print Camper's Name Relationship to Camper

Signature of Parent or Guardian Date Signed

Camp Evergreen Code of Conduct

We want Camp Evergreen to be a fun and safe place for EVERYONE. In order to achieve this, it's important that all campers are aware of and follow the camp rules.

Parents, please review the following information with your camper and indicate that you both understand and agree to the rules by signing at the bottom of the page.

1. Campers will follow the directions of the Camp Evergreen staff.
2. Campers will treat everyone with respect: teasing, pranking, put-downs and name-calling will not be tolerated.
3. Campers will treat our camp property with respect by refraining from littering or abusing the property or equipment.
4. Campers may not possess or use any form of tobacco product, controlled substance, illegal substance or alcoholic beverage.
5. Campers will maintain good personal hygiene while at camp.
6. Campers will follow the Buddy Rule: have a camper of your gender with you at all times.
7. Campers will participate in all scheduled activities and maintain a positive attitude.
8. Campers will not bring food to camp and will eat food only in the Dining Hall.
9. After lights out, campers will remain in their beds, unless using the restroom, until the morning wake-up bell.
10. Campers will never enter a cabin without a staff member's supervision.

Procedures for Dealing with Inappropriate Behavior:

1. Rules will be reviewed with all campers upon arrival at camp.
2. When a rule is broken, a staff member will first verbally warn the camper to stop the inappropriate behavior.
3. If the behavior persists, a staff member will remove the camper from the activity or situation.
4. If the inappropriate behavior continues, the camper will meet with camp leadership (Camp Director, Assistant Director or Camp Pastor).
5. Camp leadership will place the camper on a "24 Hour Contract." If behavior does not improve during this time, parents will be called to remove child from camp, and no refund for the session will be issued.
6. The Camp Director will discuss all decisions with parents before a child is sent home.
7. The Camp Director reserves the right to send home any camper if it is deemed to be in the best interest of the Camp Evergreen program or campers. Immediate dismissal of a camper may result from severe infractions.

I have read and agree to follow the Camp Evergreen rules. I understand the consequences if I choose not to follow the rules.

Camper Signature _____

I have reviewed the Camp Evergreen rules and consequences with my child.

Parent/Guardian Signature _____

HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM

FOR INDIVIDUALS

This form must be completed by and for each participant



SUNBURST STABLES

STABLE NAME, hereinafter known as "THIS STABLE"

LOCATION: 3181 State Highway 255, Route 1; Clarkesville, GA 30523

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** – In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor do hereby agree to hire from **THIS STABLE** a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates.

RIDER NAME	AGE (If under 21)	WEIGHT Over 240#	HORSE RIDING EXPERIENCE (Check one which applies)
1.	_____	_____ YES _____ NO	_____ BEGINNER (under 10 hours) _____ OVER 10 HOURS
Does this rider have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse? YES NO (Circle one) If "YES", describe here:			

WRITE INITIALS BELOW AFTER READING EACH SECTION. PARENTS OR GUARDIANS MUST ALSO INITIAL.

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** – This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives, and it shall be interpreted according to the laws of the state and county of **THIS STABLE's** physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which **THIS STABLE** is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "**HORSE**" herein shall refer to all equine species. The term "**HORSEBACK RIDING**" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "**RIDER**" shall refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "**I**", "**ME**", "**MY**", "**WE**" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

- C. **ACTIVITY RISK CLASSIFICATION** – I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United State Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries **can be** severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/WE further understand that applicant may be participating in a "**WILDERNESS EXPERIENCE**" and that the meaning of this term is defined as follows: **THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMMALS, REPTILES AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.**

- D. **NATURE OF STABLE HORSES** – I UNDERSTAND THAT: **THIS STABLE** chooses its rental horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and **THIS STABLE** follows a rigid risk reduction program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse if frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; or Running from danger.

WRITE INITIALS BELOW AFTER READING EACH SECTION.
PARENTS OR GUARDIANS MUST ALSO INITIAL.

PLEASE READ CAREFULLY BEFORE SIGNING

E. **RIDER RESPONSIBILITY** – I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider’s safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety, and that of an unborn child if the rider is pregnant. **THIS STABLE** advises pregnant women not to ride horses, unless permission is given under advice of her physician.

_____|
F. **CONDITIONS OF NATURE** – I UNDERSTAND THAT: **THIS STABLE** is **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

_____|
G. **CARRY-ON OBJECTS AND SHARP NOISES** – I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. **SOME EXAMPLES ARE:** Cameras, hats not securely fastened under chin, toys, purses. Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse.

_____|
H. **SADDLE GIRTHS—NATURAL LOOSENING** – I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse’s belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

_____|
I. **ACCIDENTAL/MEDICAL INSURANCE** – I AGREE THAT: Should emergency medical treatment be required; I and/or my own accidental/medical insurance **shall pay** for **ALL** such incurred expenses. My accident/medical insurance company is _____ and my policy number is _____.

_____|
J. **PROTECTIVE HEAD GEAR OFFERING** – I, for myself and on behalf of my child and/or legal ward, have been offered a SEI CERTIFIED ASTM STANDARD F1163 Equestrian Helmet by **THIS STABLE** and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer’s head injuries and possibly prevent the wearer’s death from happening as the result of a fall and other occurrences. It is understood that **STABLE-PROVIDED** protective headgear may not be perfect fit for each rider’s head, and that once provided I/WE will be responsible for securing the helmet on this rider’s head at all times. Mark an “X” below in the box before the statement which describes your choice to wear, or not to wear, **STABLE-PROVIDED** protective headgear:
[] **PROTECTIVE HEADGEAR ACCEPTANCE:** I/WE request to wear protective headgear which **THIS STABLE** provides.
[] **PROTECTIVE HEADGEAR REFUSAL:** I/WE refuse to wear any type of protective headgear and/or will provide MY/OUR own. I/WE accept full responsibility for MY/OUR safety in this decision.

_____|
K. **LIABILITY RELEASE** – I AGREE THAT: In consideration of **THIS STABLE** allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge **THIS STABLE**, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, and others acting on its behalf (hereinafter, collectively referred to as “ASSOCIATES”), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to **THIS STABLE’s** and/or **ITS ASSOCIATES** ordinary negligence; and I do further agree that except in the event of **THIS STABLE’s** gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against **THIS STABLE** and **ITS ASSOCIATES** as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of this control of **THIS STABLE**, whether on or off the premises of **THIS STABLE**.

All Riders and Parents or Legal Guardians must sign below after reading this entire document. Each spouse must sign:

SIGNER STATEMENT AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT’S PHYSICAL CONDITION, EXPERIENCE, AND AGE ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER (Spouses must sign for themselves)

DATE

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1

NAME OF RIDER (Please Print)

DATE

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1

NAME OF RIDER (Please Print)

DATE

Address in full:

Home Phone:

Bus. Phone: