



Adventure Week Program Permission, Release & Participation Pledge

THIS FORM MUST BE RECEIVED BY THE CAMP OFFICE PRIOR TO ATTENDING PROGRAM. Camper will not be able to attend program without completed form.

It is understood that you have given permission for my child to participate in one of the Solid Rock Day Camp Adventure Weeks checked below. It is further understood that they will be transported off the camp site to multiple locations, including, but not limited to: Bearfort Mountain, Apshawa Preserve, Greenwood Lake and/or Waywayanda Park to participate in the adventure week activities. For the Water Adventure Week, program locations will include, but not be limited to: Pinecliff Lake, Wanaque, Pequannock and Ramapo Rivers, Monksville, Reservoir, Greenwood Lake and/or Waywayanda Park. These programs will run from Monday to Thursday (with Friday as a rain date). Each day, your child will be leaving camp in the morning and returning shortly before pick up time.

Please have your child bring the following mandatory items for the **Team and Survivor Adventure Weeks**:

- Camp T-shirt (must wear)
- Hiking shoes or good sneakers with socks
- Bathing suit and change of clothes
- Bagged lunch and drinks with name on it
- Water bottles (at least 3)
- Insect repellent
- Sunscreen
- Long Pair Jeans (bring or wear)
- School style backpack (not drawstring)
- Snacks (ie. Trail mix, granola bar)

Please have your child bring the following mandatory items for the **Water Adventure Week**:

- Camp T-shirt (must wear)
- Sneakers that can get wet & be tied tightly
- Bathing suit and change of clothes
- Bagged lunch and drink with name on it
- Water bottle(s)
- Towel
- Sunscreen

Waiver, Indemnification and Medical Treatment Authorization Form

1. EXCULPATORY CLAUSE: In consideration for receiving permission for my child's participation in an and all activities of Survivor Adventure Week (herein referred to as "SAW"), which is sponsored by **Solid Rock Day Camp**, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, sponsor, Grace Fellowship Church, their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES, or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES**. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE: I am fully aware that there are inherent risks to my child and others involved with participation in any and all activities associated with WAW, and I choose to voluntarily allow my child to participate in said activity with full knowledge that the activity may be hazardous to my child and my property, and to the person and property of others. I know of no medical reason why my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to my child, other participants and third persons as a result of my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES**.

3. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

4. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for the full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to my child that has a lower level of risk. I further understand this is a voluntary, extracurricular activity. While I understand that alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily permit my child to engage in this activity.

Please check all Adventure Week Program(s) camper will participate in.

- Water Adventure Week (ages 11 - 14)Wk #4, July 16 to 20**
- Team Adventure Challenge Week (ages 10 - 12).....Wk #6 July 30 to Aug. 3**
- Jr. Survivor Adventure Week (ages 10 - 12)Wk #7 Aug. 6 to 10**
- Survivor II Adventure Week (ages 12 - 14).....Wk #8 Aug. 16 to 20**

Date: ____ / ____ / 2012

Print Campers Name _____ Campers Age _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Printed Name _____

In case of EMERGENCY: Contact Name: _____ Relationship: _____

Phone Number(s): _____

Participant Pledge

I, _____, understand that this program requires that I will be responsible for myself and other's safety. I will listen and follow the rules set by the instructors. I understand that if instructors deem that I am not being safe, that I can be removed from this program (without being refunded).

I have read and fully understand this pledge, and agree

Print Campers Name: _____ Date: _____

Campers Signature: _____