

Camper Participation Agreement

Before a minor child may attend and participate in activities at Camp Assurance, that child's parents or guardians must read and accept, by signature below, the following Acknowledgment, Waiver and Release.

By signing your name below, you acknowledge, as the parent or legal guardian of the child named in this registration form, that you understand the possible risks involved with camping activities, and that you agree to freely allow your child to participate in all activities organized and conducted by the Independent Fundamental Baptist Assembly, Inc., d/b/a Camp Assurance ("Camp Assurance" or the "Camp").

Acknowledgment of Biblically-Based Teaching: As the Parent or Legal Guardian of the minor child listed in this Camp Assurance registration form, I understand and acknowledge that the preaching, teaching, and counseling at Camp Assurance strives to be consistent with theologically conservative, independent fundamental Baptist Churches proclaiming the Bible as God's Word and rule for each person's faith and practice. This includes teaching: That Jesus Christ is the virgin born Son of God who died and rose again; That all people are born in sin; That each person is responsible for their own sin; That each person will go to a literal place called Hell if they die without accepting Jesus Christ as their personal Savior; That each person who does accept Jesus Christ as Savior will go to a real place called Heaven upon physical death; That confession of sin to Jesus Christ and repentance from sin are the right ways to deal with sins committed throughout life on earth; That God ordains marriage for one man and one woman for life; and that Evolution is a myth. I understand that campers' attendance in Camp chapels and Bible study classes are required.

Permission to Use Image for Promotional Purposes: I understand and acknowledge that my child may be photographed, videotaped, or recorded while participating in Camp activities, and that Camp Assurance reserves the right to use any audio, video, and/ or photography of guests or campers for promotional or marketing purposes.

Agreement to Abide by Camp Guidelines: I and my child have fully read and understand the guidelines in the section of this brochure 'Campers and Parents Please Note'. While a camper, my child pledges to abide by these guidelines as rules for conduct and to encourage all other campers to do the same. We both understand that he/she can be dismissed from camp for breaking his/her pledge.

Acknowledgment of Risks Inherent in Camping Activities: Camp Assurance has taken reasonable steps to provide equipment and skilled employees so my child can participate in activities for which he/she may not be skilled. Nonetheless, I understand and acknowledge that Camp activities are not without risk.

Said activities may include, but are not limited to, swimming, canoeing, horseback riding, high ropes (zipline and/or climbing wall), archery, laser tag, air soft gun range, riding in a tube slide, interacting with other children in a cabin or in strenuous competitive games, involvement in chapels and Bible study programs and/or skits, and being conveyed to or from said activities (whether on- or off-campsite) by haywagon, church bus, 15-passenger van and/or private vehicle.

Certain risks cannot be eliminated due to the Camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be a cause of loss or damage to property, may cause accidental injury or illness or, in extreme cases, may cause permanent trauma or death. I acknowledge that these are risks inherent in any camping activity.

Permission to Participate Fully in Camp Activities: I hereby give permission for my child to participate in any and all Camp Assurance activities under the direction and supervision of Camp employees, volunteers and/or agents. I understand that my child will be given instruction in how to safely participate in Camp activities and that my child must obey the given instruction in order to protect his or her safety. I accept full responsibility for any injury or accident that may occur to my child while participating in Camp activities. On behalf of myself, my minor child, my assigns, estate, and heirs, I agree to **release and hold harmless** Camp Assurance, its officers, board, agents, volunteers or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any Camp activity.

This release does not apply to intentional and/or willful acts of misconduct by Camp Assurance or any of its officers, board, agents or employees.

Agreement to Indemnify and Hold Harmless: Should Camp Assurance, or anyone acting on its behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Camp Assurance harmless for all such fees and cost.

Waiver and Release: By signing this document, I acknowledge that if anyone is hurt or if any property is damaged as a result of my child's participation in Camp activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Camp Assurance or the Independent Fundamental Baptist Assembly, Inc., on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I sign this Camper Participation Agreement freely and willingly, understanding all the contents and agreeing to be bound by all these terms.

Parent/ Guardian Signature _____ Date _____

Equine Activity Release from Liability

(must be signed by Parent/Guardian for campers to ride horses)

In accord with the State of Illinois Equine Activity Liability Act (745 ILCS 471) the undersigned Parent or Guardian releases Camp Assurance from any liability that may result from their minor child's use or misuse of any equipment and/or animals furnished by Camp Assurance. By the signing of this Camper Participation Agreement the risks that PARENT/GUARDIAN also accepts for the child include but are not limited to the following:

1. The propensity of an Equine, which includes horses, ponies, mules, donkeys or hinnies, to behave in ways that may result in injury, harm or death to the persons on or around them.
2. The unpredictability of an equine's reaction to sounds, sudden movement and unfamiliar objects, persons, other animals or other things.
3. Certain hazards such as surface or subsurface conditions that could result in injury to the camper.
4. The possibility of an equine colliding with other equines or objects that could result in camper injury.
5. The potential of the camper or another participant to act in a negligent manner that may contribute to injury to the camper or others, such as failing to maintain control over the equine or not acting within his or her ability.

Warning: Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

BY SIGNING THIS EQUINE ACTIVITY RELEASE FROM LIABILITY THE UNDERSIGNED PARENT OR GUARDIAN ACKNOWLEDGES FOR THEMSELVES AND THEIR CHILD THAT THEY AND ALL OF THEIR HEIRS, LEGATEES AND ASSIGNS NOW AND FOREVER WAIVES ANY RIGHT OF SUIT IT MAY HAVE AGAINST THE INDEPENDENT FUNDAMENTAL BAPTIST ASSEMBLY, INC. d/b/a CAMP ASSURANCE RESULTING FROM EQUINE ACTIVITIES. THE PARENT OR GUARDIAN FURTHER ACKNOWLEDGES THAT THIS EQUINE ACTIVITY RELEASE FROM LIABILITY SHALL REMAIN VALID FOR THEIR CHILD UNTIL EXPRESSLY REVOKED IN WRITING BY THE PARENT OR GUARDIAN.

Parent/Guardian
Signature: _____

Date: _____

REGISTRATION FORM 2019

Camper's Name: _____ Sex: M ___ F ___ Birthdate ____/____/____
 Grade in Sept: ____ Cabinmate Request: _____ (Only One. Your cabinmate must request you too.)
 Address: _____ City: _____ ST: _____ Zip: _____
 Parent/Guardian 1: _____
 Primary Ph (____) _____ - _____ Other Ph (____) _____ - _____ e-mail _____
 Parent/Guardian 2: _____
 Primary Ph (____) _____ - _____ Other Ph (____) _____ - _____ e-mail _____
 Church I'm coming with: _____ Church Phone (____) _____ - _____
 City _____ ST _____ Pastor's Name: _____
 Who to call if parents cannot be reached: _____ Relationship to camper: _____
 Primary Ph (____) _____ - _____ Other Ph (____) _____ - _____
 Others allowed to pick up the camper: Name _____ Phone: _____
 Name _____ Phone: _____

Check program your camper is attending

- Teen 1 – June 10-14 (\$269)
- Junior 1 – June 17-21 (\$257)
- Primary 1 – July 1-3 (\$128)
- Junior 2 – July 15-19 (\$257)
- Teen 2 – July 22-26 (\$269)
- Primary 2 – July 29-31 (\$128)

Early Bird discounts available thru April 15
-Teens & Juniors pay \$60 deposit and save \$15
-Primaries pay \$30 and save \$10

Questions? Call 1-888-662-CAMP
 or go to CampAssurance.org
 Please note areas to be signed on reverse side of this form!
 To register send completed forms with
 non-refundable \$60 registration fee to Camp Assurance,
 PO Box 18, Georgetown, IL 61846.
 Balance is due upon arrival at Camp Assurance.

Options you may pre-pay for your camper:

Camper's are not signed-up unless payment is included (some options may fill-up before camp begins).

- ___ Shops [Snack, Craft, and Coffee] Credit for \$ _____
- ___ \$12 for Horse Ride Cookout (Teen&Jr Camps)
- ___ \$1 Airsoft practice shooting range (Teen&Jr Camps)
- ___ \$7 Canoeing Instruction [on a pond] (Jrs only)
- ___ \$12 Vermilion River Canoe Trip (Teens only)
- ___ \$8 Fishing Breakfast (Jr Camps Only)
- ___ \$2 Airsoft Games (Teen Camps Only - limit of 3)
- ___ Camp T-shirt Pre-order \$10 by April 15th

Circle T-shirt Size:

- Youth Small Youth Med Youth Lrg Youth XL
 Adult Small Adult Med Adult Lrg XL XXL XXXL

Camper Medical Form

Camper Allergies

- Food
Describe: _____
 - The environment (insect; stings; hay fever, etc.)
Describe: _____
 - Medicine (Prescription or Non-Prescription)
Describe: _____
 - Other
Describe: _____
- Describe the reaction seen: _____

Any camper restrictions?

Medical Insurance Information

This camper is covered by family medical/hospital insurance:
 Insurance Company: _____
 Policy Number: _____
 Subscriber: _____
 Company Phone Number: (____) _____ - _____

Immunization History

DTP - (Month/Year: _____)
 Last Tetanus booster? (Month/Year: _____)
 Had chicken pox: Yes No
 Varicella (chicken pox) vaccination? Month/Year: _____/_____

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian _____
 Date: _____ Relationship to Camper: _____

Medication

List medications taken regularly and for what:

All medications must be sent in their **original pharmacy containers** with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. All medications are kept in the nurse's station and given to your camper as prescribed.

Any past or present physical and/or mental issues we should know about? Please list and explain here:

Is there anything your child's counselor should know about any past trauma or life situation? Please explain here if so:

Health-Care Providers

Name of camper's primary doctor(s): _____

Phone: (____) _____ - _____

What Have We Forgotten to Ask?

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

Permission to Treat Authorization

I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation in an individual's car or church-provided van for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

In the person named herein is a minor, it is my intention that representatives of the camp be considered 'personal representatives' for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature: _____

Date: _____

For Office Use Only:

Rec'd ____/____/____ Amt. ____ Ck.# ____ Ch. Ck.# ____ Init. ____
 Disc. ____ Neh. ____ Bal. Due ____ Recept. ____/____
 Med. ____ CPA ____ Horse ____ Ent'd ____/____ Init. ____