

2018 Consent & Release Form

Retreat: _____ Retreat Leader: _____

Please Circle: Camper or Chaperone

Name: _____ Date of Birth: ____/____/____ Age: _____ Gender: _____

Address: _____ State: _____ Zip: _____ Home Phone: _____

1. Emergency Contact Name: _____ Relation: _____ Phone : _____

2. Emergency Contact Name: _____ Relation: _____ Phone: _____

Insurance Provider: _____ Policy ID: _____

Please list any allergies: _____

Please list any Preexisting Conditions: _____

Current Medications: _____

Clara Springs personnel can only administer campers personal medication's that are sent from home and with detailed instructions. All medications must be in a Pharmacy container and checked in with Camp Nurse Or Retreat leader. All Medications such as Pepto, Tylenol, Aspin, Sinus etc. will only be administered with parents approval.

While we make every effort to provide a safe and pleasant environment for every camper who attends Clara Springs we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Clara Springs.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, or my child while participating in Clara Springs activities. I give permission for my child to participate in activities that occur at Clara Springs. These activities may include, but are not limited to, swimming, rock climbing, hiking, archery, riflery, Kayak/Canoeing, and strenuous competition games.

Although Clara Springs has taken reasonable steps to provide equipment and skilled employees so yourself, or your child can participate in activities for which you/he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our 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 cause loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional, marketing, and social media purposes, Clara Springs reserves the right to use any audio, video, and/or photography of guests or campers participating at Clara Springs facilities.

I, on behalf of myself, my children, and my estate, agree to release and hold harmless Clara Springs, its officers, agents, or employees, for any and all claims for injuries, causes of action, or liability related to participation in any activity occurring at Clara Springs. This release does not apply to intentional and/or willful acts of misconduct by Clara Springs or any of its officers, agents, or employees. Should Clara Springs, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Clara Springs harmless for all such fees and cost. By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Clara Springs on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.

Signature _____ Date _____

Printed Name : _____