

Student Ministries Summer Camp 2019

Hot Fudge

June 23-27 — \$399



Rock Climbing

Hiking

Rafting

Canyoneering

Exploring



Worship

Camp Fires

Memories

Swimming

Camping

Important dates:

All **payment and forms** are due by **Thursday, June 13th**

Check-in will be at Rock Bible Church on **Sunday, June 23th by 3:45PM**

Pick-up at Rock Bible Church on **Thursday, June 27th by 10:30AM**

SUMMER - DA STUFF TO BRING

Anything you bring might get wet or lost, so leave anything of great value at home.

What

SANDALS/OLD SHOES
DRY SHOES
SWIMSUIT / SHORTS (NYLON)
DRY SHORTS
PANTS / SWEATS
T-SHIRT
HAT / VISOR
DRY CLOTHING
PRESCRIPTION MEDICATIONS
BIBLE

Why

To get wet in (Sandals need an ankle strap. Avoid "water socks" on non-rafting days)
Something dry to change into
To get wet in (Please keep it modest/appropriate for athletic activity)
Something dry to change into
Loose and comfortable
Comfortable
To block the sun
You may get wet (hence Rock-N-Water)

Optional

Sunscreen
Long Sleeve Rash Guard
Diving mask
Water bottle
Waterproof camera

It's sunny out there.
Unless you get cold easily, a long sleeve nylon shirt is better than sunscreen.
To explore underwater on **Rock Climbing** or **Canyon days**
For use around camp. We'll bring water for you on adventures,

If Spending the Night

CHANGE OF CLOTHES
WIND BREAKER
SWEATSHIRT / WARM JACKET
UNDERWEAR
SOCKS
T-SHIRT
TOWEL
TOOTHPASTE & TOOTHBRUSH
SOAP
SLEEPING BAG & PAD
PILLOW
TENT OR TARP
DUFFLE BAG
FLASH LIGHT

Something dry to change into
Rain resistant if possible
It can get cold and night and in the morning
Don't leave home without 'em!
Dirty socks are dirty
Your other T-shirt might get wet
To dry off with after a swim or a shower
Morning breath
Our guides may smell, but you don't have to
The Bag to sleep in, and the Pad to sleep on.
It's better with just one
We recommend sleeping outside, on a tarp. Our staff do it all summer long.
To put everything into

Optional Night Stuff

Mosquito Repellent (optional)
Musical Instrument (optional)

Can be helpful (but read the warning label)
We like music

Optional for Leaders or as a group

Laundry Line
Board/Card Games

For drying clothes
We don't give much free time, but can be handy if your group likes it

If coming during the spring or fall (bring it if you have it)

Wool Socks, Wool Sweater, Poncho/Rainjacket, Wetsuit And Booties, Warm Hat

NOTE: ALL PIANOS, TROMBONES, AND KAZOOS ARE WELCOME. BUT ALL SATELLITE-DISHES, CELL PHONES, ELECTRONIC GAMES, TV SETS, MUSIC PLAYERS AND JUNK FOOD/DRINKS ARE NOT ALLOWED.



Health Screening Form

Required by the State of California for any trips to Rock-N-Water that are 4 nights or longer.

Participant's Name: _____ Parent/Guardian's Phone: ____-____-____

Participant's Gender: _____ Birthdate: _____ Age: _____ (Phone only needed if a minor)

Church/School you are with _____ Arriving ____/____/____

Please indicate if you have any of the following recently, and if so, describe as needed.

Illness

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Open Sores | <input type="checkbox"/> Cough not related to asthma | <input type="checkbox"/> Pink Eye |
| <input type="checkbox"/> Other: _____ | | |

Please describe any potential illness checked above: _____

Injuries

- | | | |
|--|---|---|
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Sprains | <input type="checkbox"/> Old Knee Injuries |
| <input type="checkbox"/> Back Injuries | <input type="checkbox"/> Recent Head Injuries | <input type="checkbox"/> Wounds with Stitches/Staples |
| <input type="checkbox"/> Other: _____ | | |

Please describe any injuries checked above: _____

Communicable Diseases

- | | | |
|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Active Tuberculosis (on meds) <input type="checkbox"/> Inactive TB (Neg Chest X-Ray) <input type="checkbox"/> Other: _____ | | |

Please describe any potential communicable diseases checked above: _____

All above information will be kept confidential and only shared with Rock-N-Water staff or your church/school counselor, in order to provide adequate health care for participants. Thank you.

Rock-N-Water Health Screener Only

Any noted conditions:

SIGNATURE OF HEALTH SCREENER:

Rock-N-Water Health Supervisor or Health Staff after assessing the participant.

____/____/____
Date (Month/Day/Year)

ROCK-N-WATER - Acknowledgement of risks, Assumption of risks & responsibility, Release of liability

Every participant must complete one (one per person), and minors need a parent/guardian signature.

WARNING: Although precautions are taken to provide a safe and enjoyable experience, there can be no guarantee of absolute safety against injury and accident. There are significant elements of risk in any adventure, sport, or activity associated with the outdoors or wilderness including but not limited to camping, hiking, rock climbing, the use of watercraft (all referred to herein as activity), and the use of any related equipment.

ACKNOWLEDGMENT OF RISKS: I recognize that there are inherent dangers both known and unknown in the activity and those risks may result in serious injury including permanent paralysis or death. Camping / Hiking / Rock Climbing Risks include but are not limited to: 1) Falls; 2) Cold weather related injuries; 3) Heat related illnesses including heat exhaustion and heat stroke; 4) Altitude related sicknesses including acute mountain sickness, pulmonary edema, cerebral edema and/or retinal hemorrhage; 5) An act of nature which may include inclement weather, avalanche, rock fall, crevasse fall, and severe or varied temperature or winds; 6) River crossings, or travel including travel to or from the activity; 7) Risk associated with crossing, climbing, or down climbing rock, ice, or snow; 8) Varied diet and water source; 9) The presence of insects or wild animals.

Use of Watercraft Risks include but are not limited to: 1) Changing water flow or currents; 2) Natural or man-made objects whether submerged, semi-submerged, floating, or overhanging; 3) Inclement weather, various or severe wind, temperature, and weather conditions; 4) Stability characteristics of my watercraft, and my physical coordination and ability to control the craft or follow directions; 5) Getting into or out of the watercraft; 6) Collision, capsizing or sinking which can result in wetness, injury, exposure, hypothermia, and/or drowning. I agree to wear U.S.Coast Guard approved Personal Flotation Device while in or upon water.

I realize that personal property may be damaged or lost, that certain foreseeable and unforeseeable events including equipment malfunction or failure, can contribute to the unpredictability of the risks, dangers, and hazards of the activity; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that I should ask about other potential risks, dangers, and hazards and recommended precautions and procedures; and that wearing appropriate clothing and footwear for all activities are basic safety precautions.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I or any minor children for which I am responsible, will engage in, I confirm that I (or the participant) is physically and mentally capable of participating in the activity and/or using equipment. I participate willingly and voluntarily and I assume full responsibility for injury, accidents or illness, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that during the activity I may experience fatigue, chill and/or dizziness which may diminish my reaction time and increase the risk of an accident.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or other problems. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to objectives.

MEDICAL TREATMENT RELEASE: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I represent that my consent to medical treatment is legally sufficient and that no consent from any other person is required by law. I either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my behalf. I further authorize the attending group organizer and/or Rock-N-Water Staff to control and administer any and all medications.

PROMOTIONAL MATERIAL RELEASE: I agree that any film, photographs, media of me, and any spoken comments or written evaluations, become your property and may be used for any advertising, promotional or commercial purposes.

WATER FLOW: Water flows in the South Fork American River result from releases from facilities located upstream. Such water releases are not subject to the control of El Dorado county or commercial rafting companies operating under permits from El Dorado County.

EDUCATIONAL OBJECTIVES: Guests of all ages are expected to participate in scheduled sessions and activities.

RELEASE: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, and heirs, personal representatives or assigns, agree to protect, hold harmless, defend, indemnify and do hereby release: Rock-N-Water, its principals, shareholders, directors, officers, agents, employees and volunteers, and each and every landowner, municipal and/or governmental agency, including the State of California, Department of Parks and Recreation, and the U.S. Bureau of Reclamation (hereinafter collectively referred to as Rock-N-Water), upon whose property or by who's permission an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever. This release applies even if the Rock-N-Water is negligent or otherwise at fault. The venue of any dispute that may arise out of this agreement or otherwise between the parties to which the Rock-N-Water or its agents is a party shall be either the town, city or village of Placerville, California justice court of California in El Dorado County.

First Name: _____ Last Name: _____

Phone: _____ - _____ - _____ Birth Date: ____ / ____ / ____ Competent Swimmer?

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact: _____ Phone: _____ - _____ - _____

Please tell the leader of your trip if you have any food allergies or dietary restrictions, so that they might alert our kitchen in advance.

Allergies: _____

Medical Conditions & Medications: _____

Anything else we should know: _____

I am an adult and decline to provide medical information.

Please attach or list on the back a record of immunizations including date of last tetanus shot.

I have read the foregoing acknowledgement of risks, assumption of risks and responsibilities, and release of liability. I understand that by signing this document I may be waiving valuable legal rights.

Participant: Parent/Guardian: Date:

ROCK BIBLE CHURCH

MEDICAL AND LIABILITY RELEASE for Participants

Hot Fudge Camp
2019

Event: Hot Fudge Camp

Dates: June 23-27, 2019

PERSONAL INFORMATION

M/F: _____

Last Name: _____ First Name: _____ Age: _____ DOB: ____/____/____

Home Phone: _____ Cell: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ 2nd Email: _____

Emergency Contact (*Not on the trip*): _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Address: _____ Insured ID #: _____

MEDICAL HISTORY

Allergies:

Drugs (list below): _____ Hay Fever: _____ Hives/Rash: _____ Insect Stings: _____

Foods: _____ Special Dietary Needs/Restrictions: _____ Vegetarian: _____

If any of these allergies are checked, please give details (i.e. include normal treatment of allergic reactions, types of reactions, food allergic to, etc.

Have you been a patient in the hospital during the past 2 years? Yes [] No []

Have you been under the care of a medical doctor during the past 2 years? Yes [] No []

Have you had surgery? If yes, please list date & type _____ Yes [] No []

Have you taken any medicine or drugs during the past 2 years? Yes [] No []

What medicines do you take now? List name & dosage _____

Date of last Tetanus: ____/____/____

Please complete the medical table below. Check ALL appropriate boxes. PLEASE DESCRIBE any of the checked conditions below and any other serious illness not listed (*use add'l page if nec*): _____

CONDITION	X	CONDITION	X	CONDITION	X	CONDITION	X	CONDITION	X
Heart Trouble/Disease		Bruise Easily		Emphysema		Yellow Jaundice		Frequent Colds	
Heart Murmur		Anemia		Tuberculosis		Kidney Problems		Glaucoma	
Irregular Heartbeat		Excessive Bleeding		Cancer		Renal Dialysis		Stroke	
Angina/Chest Pain		Sickle Cell Disease		Radiation (X-ray Treatments)		Thyroid Disease		Convulsions	
Heart Attack/Failure		Hemophilia (Bleedng Problem)		Chemotherapy		Parathyroid Disease		Epilepsy/Seizures	
Congenital Heart Disorder		Leukemia		Stomach / Intestinal Disease		Arthritis/Gout		Fainting/Dizziness	
Mitral Valve Prolaspe		Recent Blood Transfusion		Ulcers		Rheumatism		Tumors/Growths	
Scarlet Fever		Swelling of Limbs		Recent Wt. Loss		Cortisone Medicine		Psychiatric Care	
Rheumatic Fever		Lung Disease		Frequent Diarrhea		Artificial Joints		Anxiety	
Artificial Heart Fever		Breathing Problems		Diabetes		Excessive Whining		On Special Diet	
Heart Pace Maker		Shortness of Breath		Excessive Thirst		AIDS		Do you Smoke?	
Heart Surgery		Frequent Cough		Hypoglycemia		HIV Positive		Use smokeless tobacco products?	
High Blood Pressure		Hay Fever		Liver Disease		Drug Addiction		Wear contacts	
Low Blood Pressure		Sinus Trouble		Hepatitis A (infectious)		Cold Sores		Hearing problems	
Blood Disease		Asthma		Hepatitis B or C		Fever Blisters		Hearing Aid	

ROCK BIBLE CHURCH

Last Name: _____

MEDICAL AND LIABILITY RELEASE FOR PARTICIPANTS

Event: Hot Fudge Camp

Dates: June 23-27, 2019

RESTRICTIONS

Swimming Restrictions: Yes [] No [] Activity Restrictions: Yes [] No [] Other restrictions (*please specify*): _____

OTHER PERTINENT MEDICAL INFORMATION

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please send us the information necessary to ensure proper medical service if necessary: _____

List any other medical information or special needs we should be aware of: _____

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

While ROCK BIBLE CHURCH makes every effort to provide a safe and pleasant environment for your child, we do require that this participation agreement be read, filled out, and signed and dated by the parent or legal guardian or each child who wishes to participate in the activities/trips planned and/or held by ROCK BIBLE CHURCH.

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes ROCK BIBLE CHURCH, Pleasanton, California, acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect for the duration of the trip, unless revoked in writing by participant or participant's parent or guardian, as the case may be. ROCK BIBLE CHURCH and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/ guardian(s), if applicable) will reimburse ROCK BIBLE CHURCH for the reasonable cost of transporting participant from the event location to ROCK BIBLE CHURCH. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes ROCK BIBLE CHURCH and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit, in an appropriate manner, without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless ROCK BIBLE CHURCH and its pastors, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges ROCK BIBLE CHURCH and such persons from any liability or claim against ROCK BIBLE CHURCH or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. ROCK BIBLE CHURCH does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and **I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.**

PRINT Participant LAST NAME: _____ FIRST NAME: _____

Participant Signature: _____ Date: ____/____/____

PRINT PARENT OR GUARDIAN NAME: _____

Parent (with custody of Participant) or Guardian Signature: _____ Date: ____/____/____

ROCK BIBLE CHURCH, 4100 First St, Pleasanton, CA 94566 (925) 931-0644