

Release of Liability, Activity Waiver, Participation Agreement and more.

I hereby give permission for my child to participate in recreational, swimming, and learning activities and to be bound by all camp policies in force.

I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of various ages may subject my child to a risk of injury.

I understand and acknowledge that participation in Oil Belt Christian Service Camp ("Oil Belt") summer camps, events or programs, including all of its activities and the use of its facilities and equipment, involves a risk to the participant of bodily injury, death, emotional injury, property damage, or illness, and that although Oil Belt takes precautions to provide proper organization, supervision, and equipment, it is impossible for Oil Belt to guarantee absolute safety.

I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Oil Belt Christian Service Camp, its staff, management, faculty, volunteers, or its officers liable.

On my own behalf (if participant is an adult) or on behalf of my child (if participant is a minor), I ACKNOWLEDGE THE RISKS associated with participation in the camps, events or programs and expressly and voluntarily assume the risks of participation in the camps, events or programs and activities operated by Oil Belt and HEREBY WAIVE AND RELEASE ALL CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION, COSTS, LOSSES, EXPENSES AND LIABILITIES ("CLAIMS") (WHETHER ON BEHALF OF THE CHILD NAMED IN THIS REGISTRATION OR FOR MY OWN BENEFIT) AGAINST OIL BELT (INCLUDING ITS STAFF, BOARD, MANAGEMENT, EMPLOYEES, AND AGENTS) THAT MAY ARISE FROM INJURIES, ILLNESS, HARM OR LOSS OF ANY KIND RESULTING FROM PARTICIPATION IN THE CAMPS, EVENTS OR PROGRAMS AND ACTIVITIES OPERATED BY OIL BELT, INCLUDING (WITHOUT LIMITATION) ANY CLAIMS ALLEGING NEGLIGENCE BY OIL BELT (INCLUDING ITS STAFF, BOARD, MANAGEMENT, EMPLOYEES, AND AGENTS), to the fullest extent allowed under the laws of Illinois. If any aspect of this waiver is deemed to be invalid, I acknowledge that the remainder of the agreement will continue to have full force and effect. If my agreement on behalf of my child to release his/her Claims against Oil Belt is deemed invalid for any reason, I agree to indemnify, defend and hold Oil Belt harmless in connection with any Claims arising out of my child's participation in the camps, programs, events and activities operated by Oil Belt, including payment of reasonable defense costs incurred by Oil Belt. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.

In Case of Emergency from the accident or illness, Oil Belt has my permission to seek medical aid for my child or myself.

I hereby authorize the staff of Oil Belt to act according to their best judgment in any situation requiring medical attention for the participant named in this registration.

I understand that it is my responsibility to provide medical insurance coverage for the participant named in this registration while he/she is attending camps, events or programs operated by Oil Belt and to provide accurate and complete medical information. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.

I understand that Oil Belt Christian Service Camp and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.

I authorize Oil Belt to use any photos, videos, audio recordings, or slides as may be needed for its records or its public relations or marketing programs.

I agree to be bound by all the camp policies in force.

By Signing this, I acknowledge that I have read and agree to the Risk of Injury - Waiver of Liability statements above.

IN CASE OF EMERGENCY: I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. I understand that the camp insurance does not cover illness. My child has permission to attend any activity off the camp property which has been approved by the Camp Board of Directors.

I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Oil Belt Camp or its staff members, management, or officers liable unless guilty of negligence.

Signature of Parent or Guardian: _____

Home/Cell Number: _____

Work Number: _____

Emergency Contact & Number (other than above): _____

Insurance Company and Policy Number or Card I.D.: _____

INSURANCE COVERAGE: Oil Belt Camp will provide a co-insurance program for all participants. This modest accident policy will pick up whatever deductible the camper's coverage does not pay. In the event that a camper does not have accidental insurance, Oil Belt's policy will become primary coverage for camp related accidents, ONLY. Parents should list their insurance company and policy number above.

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TO BE FILLED OUT BY YOUR CHURCH MINISTERIAL STAFF ONLY

What portion of this camper's fee will be paid by your church? _____

Church Staff Member Signature: _____ Date: _____

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TO BE FILLED OUT BY OIL BELT CAMP OFFICE ONLY

Send registration to:
Oil Belt Camp
555 Park Rd
Flora, IL 62839
Fax: 618.662.2709
Email: campoffice@oilbelt.com

Advance Registration: _____
Payment by Camper: _____
Balance Due: _____