



**CAMP
PONDO**

FOR OFFICE USE ONLY

CABIN NUMBER

**MEDICAL &
LIABILITY
RELEASE**

CHURCH/GROUP: _____

Female Male

*Please 1 (one) camper (adult or child) per form & print clearly in blue or black ink.
All individuals at camp must have a completed form on file.*

CAMPER NAME (adult or child): _____

PARENT EMAIL ADDRESS: _____

In case of emergency, notify: _____ Relationship: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

HEALTH INFORMATION

Family Doctor: _____ Phone: (____) _____

Insurance Carrier: _____ Policy Number: _____

Are there any medical conditions we should know about? Yes No Nature and Extent: _____

List all medications brought to camp along with dosage and frequency: _____

All medications must be turned in to the infirmary. Medications must be in original container, labeled, with specific written dispensing instructions by a parent, legal guardian or medical doctor.

If needed, may a health tech dispense (check box if answer is yes): Tylenol? Advil? Pepto Bismol/Tums? Cough Syrup?

Is the camper allergic to any medications or foods? Yes No If yes, please explain: _____

Date of Last Tetanus Shot: _____

Camper insurance begins where individuals health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits. In case of no personal policy, Ponderosa Pines' policy will provide coverage within its limits for accidents only (\$1000 per injury).

In case of emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child/the camper as named above. It is understood that the camp and doctor will make every effort to contact the parent/guardian of the child before treatment.

PHOTOGRAPHY: Registering for camp gives Ponderosa Pines permission to use your child's likeness in print, video or on the internet for promotional purposes.

OFF-SITE TRANSPORTATION: Registering for camp gives Ponderosa Pines permission to transport your child to off-site activities if applicable.

DISCIPLINE POLICY: I understand that my child comes under the authority and reasonable guidelines of Ponderosa Pines and may be sent home in the event of a violation of the rules. If this should occur, I agree to come and get my child immediately.

PARTICIPATION, RELEASE, WAIVER & INDEMNITY AGREEMENT

WHILE PONDEROSA PINES CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT PONDEROSA PINES.

I, the undersigned, give permission the aforementioned camper to participate in the activities that occur at Ponderosa Pines Christian Camp, and on our around Ponderosa Pines. These activities include, but are not limited to, swimming in the pool, hiking, climbing, archery, disc golf, tetherball, horse shoes and strenuous competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Ponderosa Pines Christian Camp has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. 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 cause of loss or damage to your property, accidental injury, 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 the inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Ponderosa Pines Christian Camp, Inc., its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Ponderosa Pines Christian Camp, or on or around Ponderosa Pines. This release does not apply to intentional and/or willful acts of misconduct by Ponderosa Pines Christian Camp or any of it's officers, Board, agents or employees.

Should Ponderosa Pines Christian Camp or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Ponderosa Pines Christian Camp harmless for all such fees an costs.

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 my be found by a court of law to have waived any right to maintain a lawsuit against Ponderosa Pines Christian Camp 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 by its terms.

Parent, Guardian or Adult Signature: _____ **Date:** _____
(You should sign your own release if you are 18 years old or older)

Print Name: _____ Relationship to Camper: _____

PONDEROSA PINES CHRISTIAN CAMP, INC.

P.O. Box 1247 • Running Springs, CA 92382 • PHONE (909) 867-7037 • www.pondo.org

**FILL OUT & RETURN TO YOUR GROUP LEADER.
IF YOU ARE ATTENDING CAMP AS AN INDIVIDUAL, BRING FORM TO CAMP.**

**ORCHARD COMMUNITY CHURCH
PARENT/GUARDIAN PERMISSION SLIP
ORCHARD YOUTH WINTER CAMP
FRIDAY, JANUARY 12TH – SUNDAY, JANUARY 14, 2018**

As Parent/Guardian of _____, I hereby give permission for my child to participate in the **Orchard Youth Winter Camp @ Camp Pondo**. This excursion is to be held from **January 12th— 14th, 2018**.

I certify that to the best of my knowledge the above named child is physically fit to engage in the activity described above. If there is a special medical problem(s) (e.g. diabetes, asthma, allergies), please list here:

SIGNATURE OF PARENT/GUARDIAN: _____

Authorization and Consent to Treatment of Minor
Pursuant to California Civil Code Section 25.8

The undersigned do hereby authorize ORCHARD YOUTH CLUB ADVISORS or such substitute as designated by ORCHARD COMMUNITY CHURCH as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

Medical Insurance Carrier: _____ **Policy #:** _____

I hereby release and discharge ORCHARD COMMUNITY CHURCH, its officers, employees, agents and servants from all actions, claims, or demands that I, my heirs, distributees or assigns may have for the injury to person or property arising out of or in connection with the above field trip/excursion.

I have read this agreement carefully and fully understand its contents and agree thereto.

Signature of Parent/Guardian: _____ **Date:** _____

Address: _____ **Phone:** _____

Emergency Contact (other than parent): _____

Relationship to child: _____ **Phone:** _____