

InterVarsity at Toah Nipi – Youth Camp Participant Release Rev. 3/28/06 ('13 Custom).

InterVarsity at Toah Nipi, 603-899-5464; 252 Old Ashburnham Rd, Rindge NH 03461
(INCLUDE THIS W/Camp App. & Payment!)

Camp Constitution Summer Camp ~ Camp Session July 2 – July 9, 2017

Print Below: Name of Participant, and if Under 18,* Birth date

Camper: _____ Born: ____/____/____

*For persons under the age of 18 the following paragraph and signature is required:

I, the undersigned parent or legal guardian of the above person, consent to the above named person's participation in this event and its activities and agree to the terms of the below release and give the staff of the Guest Group authority to serve as my agent in discipline or emergency for above-named minor. I certify that I have read and am competent to sign this release, and have done so voluntarily. **Sign & Date. Then print: Participant's Parent/Guardian Name, Address, Phone #**

Sign _____/____/____
Date

A 'School/Camp' Medical Form is required (physical within 12 months & state required immunizations). (A previously completed form used for school enrollment is sufficient.) The following applies to all participants and is to be read to and explained to younger participants: In consideration of me or my child being accepted and allowed to participate in this event and the activities associated with its program and location, I personally assume responsibility for my actions or my child's, agree to abide by the rules of this event, and release the Guest Group named above and Inter-Varsity Christian Fellowship of the U.S.A.® Toah Nipi Retreat Center (hereafter InterVarsity); their trustees, employees, and agents from loss, injury, or damage to my child or myself or my property; provided that nothing contained herein shall excuse their trustees, employees or agents from responsibility to act with reasonable care for the safety of my child, or myself, or my property. I give permission to the Guest Group named above and to InterVarsity, to obtain medical aid or assistance as might be required for my or my child's immediate care in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examinations, or hospitalization as might be ordered by a duly licensed medical doctor. I release and discharge the Guest Group named above and InterVarsity, their Trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent. I give permission to the Guest Group and InterVarsity for me and/or my child to be photographed, recorded, and/or video taped and to allow this material to be used for publicity. I understand that InterVarsity has a hostage policy that states that InterVarsity should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion. Should any dispute or controversy arise, I agree to seek resolution according to the Rules of Procedure of the Institute for Christian Conciliation, 1537 Avenue D, Suite 352, Billings, MT 59102. I certify that I have read and am competent to sign this release, and have done so voluntarily.

Signature of Participant & Date Signed. Phone _____ Print Name of Participant Over 18
Under 18*

Emergency contact Print Name Phone number Address

Health Insurance Company name, policy holder, and ID number of policy covering participant.

None _____

Allergies or medical conditions staff should be aware of to avoid problems and to assure proper emergency action.

None _____

Food requirements and physical limitations that staff should be aware of to avoid problems.

None _____

Names of any medications being taken or have been taken in past month.

All medications brought to camp by minors must be given to the camp medical staff on arrival.

A separate physician's order is required for camp medical staff to administer to minors prescription medications they bring.

The following Over-the-Counter medications are stocked and require parent/guardian permission for medical staff to administer: Parent/guardian, please initial those you permit to be administered and cross out those you do not.

For pain: ___ Tylenol, ___ Ibuprofen, ___ Aspirin/ For colds: ___ Robitussin/ For eye irritation: ___ Murine/

For upset stomach: ___ Baking Soda/Zanfel- for poison ivy: ___ Calamine lotion/ For allergic reaction: ___ Benadryl

Elixir; Over-the-Counter medications I will send with my child: None (or as above).

SEND TO: Mr. Charles Everett, Camp Administrator, 5945 Quail Hollow Rd. Unit D, Charlotte, NC 28210