

Participant's Name: _____

Group Name: Los Altos Grace Church



GUEST GROUP RELEASE WAIVER

This form must be completed by **ALL** individuals attending Camp.

GENERAL RELEASE WAIVER:

I have asked Mile High Ministries (hereinafter "Camp") to be allowed to participate in activities offered at Camp. Activities may include but are not limited to: archery, rock climbing, low ropes course, gaga ball, sports, hiking, zip line, waterfront, swimming. I acknowledge and understand that: (1) Camp activities involve physical exertion and other risks, (2) the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist, (3) the need/requirement to participate in the activities in accordance with the rules that are given and to follow directions given by Camp staff, (4) it is my responsibility to wear any and all safety gear deemed necessary by Camp, (5) my physical and mental condition will enable me to participate safely in the activities. I waive and release any and all claims, demands, actions, causes of action and rights (contingent, accrued, inchoate, or otherwise), defend, and hold Camp harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorney's fees and costs) arising out of, or in any way related to my participation in activities at Camp, whether caused by Camp's active or passive negligence or otherwise.

Initials: _____

IMAGE RELEASE WAIVER:

I give my permission to Camp to use any photographs, video and audio of me for any promotional materials, including Camp websites and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Initials: _____

MEDICAL RELEASE WAIVER:

I give Camp permission to provide or arrange necessary transportation, to secure and administer proper treatment as needed, and to release any records necessary for insurance or care purposes. Camp may also give information as necessary to all those who may be caring for me at camp.

Initials: _____

INFECTIOUS & CONTAGIOUS DISEASE WAIVER:

The novel coronavirus (COVID-19), is no longer a worldwide pandemic but is still around. As a result, federal, state, and local governments and agencies recommend industry specific mitigation measures including but not limited to vaccination, mask wearing, increased personal hygiene practices, and modified cleansing/sanitization procedures. Camp maintains compliance with local and federal mandates to ensure guest safety, and has enacted preventative measures and programming adjustments in response. However, we cannot guarantee that you or your family members will not contract COVID-19.

By participating in programs, services, and activities at our facility, you agree to the following:

I hereby release, covenant not to sue, discharge, and hold harmless Camp, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services, or activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp-hosted or programmed event.

Signature (for all 4 waivers): _____

(Parent/Guardian signature if camper is a minor.)

Date: _____

Participant's Name: _____

Group Name: Los Altos Grace Church

EMERGENCY CONTACT INFO:

Name: _____

DOB (MM/DD/YYYY): _____

Gender: ☐ Male ☐ Female

Group: _____

Camp Dates: _____

Primary Emergency Contact: Mr. Mrs. Ms. Dr. (required): _____

Relationship to Camper: _____

Day Phone: _____

Email: _____

Evening Phone: _____
(if different)

Address: _____

Secondary Emergency Contact: Mr. Mrs. Ms. Dr.: _____

Relationship to Camper: _____

Day Phone: _____

Email: _____

Evening Phone: _____
(if different)

Address: _____
(if different)

HEALTH HISTORY:

☐ I decline to provide health information to Camp.

1. Do you have any physical limitations, conditions, or difficulties that require consideration by Camp? If so, please describe them & give instructions for accommodation (e.g. diabetes, epilepsy, mobility concerns): _____

2. Are you bringing personal medication to camp? (If so, please store it in an area that is out of reach of others.)

☐ Yes

☐ No

ALLERGIES: If you have a severe allergy that causes anaphylactic shock, please bring **Epinephrine kits to camp**. If your doctor's orders are to use Benadryl in conjunction with an Epi-Pen, bring **both** to camp. We recommend that you report conditions that require such interventions to your Group Nurse.

3. Date of last Tetanus booster: _____ (Should be within the last 10yrs, or as advised by your physician.)

4. Date of last Physical: _____

DIETARY: ALL dietary restrictions/considerations must be reported to your Group Leader and to Camp prior to arrival.

Camp cannot avoid all allergens, but strives to keep a nut-free main menu; some of our products are manufactured in facilities that also process meat, egg, nuts, soy, dairy, and gluten products. **If you cannot consume these foods, you will need to bring your own food substitutions.**

If you are a vegan, a vegetarian who does not eat soy, cannot eat egg, cannot have dairy in baked goods, OR a combination of these and other dietary considerations, you will need to bring your own food substitutions.

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ACKNOWLEDGEMENT & RELEASE OF LIABILITY:

I understand that:

- A. If I am dismissed from camp for any reason (e.g. illness, injury, rule/policy breaches), no amount of the fees paid to Camp shall be refunded.
- B. If I am dismissed from Camp for any reason, I will vacate the premises immediately, regardless of time of day, condition, or convenience.**
- C. I cannot attend camp if my primary residence currently has a pest infestation (e.g. lice, bedbugs).
- D. I cannot attend camp if I am recovering from a contagious condition/illness, or if I have been exposed to an individual exhibiting symptoms of COVID-19 within the last five (5) days.
- E. If I become ill, contract, or suffer from conditions/symptoms resulting from another individual unknowingly or knowingly bringing pests, infections or disease to camp, Camp is not liable.

I consent and agree to attend Camp, abide by the policies, procedures, and traditions of Camp, and to participate in the activities involved. I give my permission for Camp to assist my Group Leaders and Group Nurse in obtaining qualified medical/surgical assistance and/or to administer aid, in the event of a personal accident or my illness.

Signature: _____
(Parent/Guardian signature if camper is a minor.)

Date: _____