

A completed and signed parental/legal guardian release must be received in office by Youth Outreach Ministry in order for the camper's registration to be finalized and permit the camper to participate in camp activities.

Camper _____

Parent/Legal Guardian _____ Cell Phone (____) _____

Home Phone (____) _____ Work Phone (____) _____

Camp Dates

- June 14-18 June 21-25 June 28-July 2 July 12-16 July 19-23

The following medical questions and waiver portion **must be filled out by the camper's parent/legal guardian** (if camper is under 18 years).

1. Does the camper have any current medical/emotional/behavioral/physical conditions (e.g., ADHD, ODD, ADD, anxiety, seizures, diabetes, etc.) and/or any **severe** food/environmental allergies that may require the use of an EpiPen (e.g., peanut allergy, pollen allergy, etc.)? Yes* No If "yes," please explain

2. Do you want the camp nurse to **keep and administer** any routine or as-needed prescription or over-the-counter medications, vitamins/supplements, or essential oils brought by the camper? Yes* No If "yes," please list only the medications the nurse will administer: _____

***If "yes" to either of the above questions (1-2), for the safety of your camper, a Medical Release form must be received in office prior to attending camp. The Medical Release form must be completed by both the parent/legal guardian and a licensed healthcare professional. Registrations will be finalized and payment(s) processed after the Medical Release has been received and reviewed to determine if reasonable accommodation can be made for the camper to attend camp.**

3. If permission from a parent/legal guardian has been given, the camp nurse has been authorized by a staff healthcare professional to administer the following camp-provided OTC medications on an as-needed basis. Check "yes" for any medications you give permission for the nurse to administer. *If left unchecked, option will be considered "no."*

- Yes No Acetaminophen (Tylenol)
- Yes No Calcium Carbonate (Tums)
- Yes No Diphenhydramine (Benadryl)
- Yes No Ibuprofen (Advil/Motrin)
- Yes No Auro-Dri (Swimmer's Ear)



Please provide additional information regarding your camper's condition and/or social interactions to help the camp staff ensure a successful camp experience for your camper _____

I understand and agree that I am assuming for myself and the Participant named below all risk of injury from participating in rock climbing activities, surfing on the FlowRider, or paintball games. I understand that: (1) injuries while rock climbing may occur from rope entanglements, objects falling from or being dropped by other climbers, or from contact with anchor points, bolts, or equipment used in climbing; (2) injuries while using the FlowRider may occur by falling or being thrown by the water pressure onto a fixed surface or padded retaining wall, or by contact with the body board; (3) the activities of paintball are physically and mentally intense, injuries while participating in paintball games may occur due to the activity and weaponry involved, and while particular protective equipment and personal discipline will minimize the risk, the risk of injury does exist; and (4) other unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue Youth Outreach Ministry, Inc., Pensacola Christian College, Inc., its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities.

I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks inherent in the use of the rock climbing wall, FlowRider, and paintball. I further indemnify and save Youth Outreach Ministry, Inc., Pensacola Christian College, Inc., and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during his or her stay at summer camp. I further understand that Youth Outreach Ministry, Inc. does not provide medical insurance coverage for the participant, and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed healthcare professional in the event of any injury, accident or illness, or other situation that may require medical attention. I give permission for the participant's picture to be used in future publications including publications from PCC and its affiliate web pages. Participants are placed in rooms according to their birth gender. Registration fee is nonrefundable and nontransferable. No refunds are available if a participant attends any part of a week. Campers that use tobacco, alcohol, or any form of illegal drugs will be dismissed. Any noncooperative or non-compliant campers will be subject to dismissal. I understand that Youth Outreach Ministry, Inc. reserves the right in its sole discretion to accept or deny admission and/or participation. If admission is denied, all deposits and monies paid will be refunded.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor participant.

Parent/Legal Guardian's signature (if camper is under 18 years) _____ Relationship to participant _____ Date _____

Participant's signature _____  TeenExtremeCamp.com  850.479.6576 _____ Date _____