

TEEN EXTREME PARENTAL/LEGAL GUARDIAN RELEASE 2023

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 to permit the camper to participate in camp activities.

Camper _____ Date of Birth _____

Mailing Address _____

City _____ State/Country _____ Zip _____

Parent/Legal Guardian _____ Cell Phone _____

Home Phone _____ Work Phone _____ Email _____

Camp Dates

- June 12–16 June 19–23 June 26–30 July 10–14 July 17–21

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, or 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)?

Yes No If "yes," please explain: _____

2. All routine or as-needed prescription medications must be kept and administered by the camp nurse, and upon request, the camp nurse can also keep/administer any over-the-counter medications, vitamins/supplements, or essential oils your camper brings.

Will the camper be bringing any medications, vitamins/supplements, or essential oils that will be kept by the camp nurse? Yes No
If "yes," please list any medications, vitamins/supplements, or essential oils that the camp nurse will keep. _____

*If "yes" to question 2, an *Authorization for Administration of Medication* form must be received in office prior to attending camp. This form must be completed by both the parent/legal guardian and a licensed healthcare professional.

3. May the following over-the-counter medication be given to your camper by the camp nurse while at camp? *If left unchecked, option will be considered "no."*

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

Please list any medical history or conditions we should be aware of. _____

I, the undersigned, certify that I am the parent or legal guardian of the minor child, younger than 18 years of age ("Participant"), whose name and address are listed above. I acknowledge that Participant has been provided with the opportunity to participate in rock climbing activities, the Escape Room, surfing on the FlowRider, West Campus, and/or paintball games, occurring on the above selected dates, which shall take place on the campus of Pensacola Christian College, Inc., in Pensacola, FL ("PCC").

I understand and agree that I am assuming for myself, and the Participant named above, all risk of injury from participating in rock climbing activities, Escape Room, surfing on the FlowRider, West Campus, 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 may occur in the Escape Room from props, equipment, and all contact points with objects and participants; (3) injuries while participating in activities at West Campus may occur because of slippery surfaces, watercraft capsizing, and uneven wave conditions; (4) 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; (5) 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 (6) other unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue Youth Outreach Ministry, Inc. ("YOM"), PCC, 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 give permission for the participant to take the OTC (over-the-counter) medication indicated by this release and hereby request the camp personnel to assist in administering said medication to the participant as needed. I do hereby release and forever discharge YOM and its employees, agents, volunteers, and servants, together with its parent corporation and its subsidiaries and affiliates, and including the directors, officers, employees, and agents thereof, of and from any liability, damages, claims, demands, rights, actions, and causes of actions that might arise on account of any loss, damage, or injury to the participant or expenses of whatever kind which may be sustained as a result of administering or failing to administer said medication.

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, Escape Room, FlowRider, West Campus, and paintball. I further indemnify and save YOM, PCC, 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 camp. I further understand that YOM 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. In the event that PCC's photographer or videographer captures an image or images of the participant, singularly or in a group, I give permission for that image/those images to be used in future publications including webpages, brochures, videos, or promotions from PCC and its affiliates. 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. Participants that use tobacco, alcohol, or any form of illegal drugs will be dismissed. Participants, sponsors, and all camp guests that display a nature or behavior that is threatening or dangerous to themselves, others, or the values of YOM and PCC may be subjected to dismissal. Any noncooperative or noncompliant participants will be subject to dismissal. I understand that YOM 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 have read the dress expectations for Teen Extreme campers, sponsors, and guests and acknowledge that camp staff reserves the right to ask anyone to change who does not comply with these expectations.

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

Participant's signature (if camper is 18 years or older) _____ Date _____