

A completed and signed release form must be received in office by Youth Outreach Ministry in order for the participant's registration to be finalized and to permit the participant to attend camp activities.

Participant _____ Cell Phone _____

Email _____ Mailing Address _____

City _____ State/Country _____ Zip _____

Camper Info

Camper Date of Birth _____ Parent/Legal Guardian _____

Parent Cell Phone _____ Parent Home Phone _____ Parent Work Phone _____

Authorized Pickup People (in addition to parent/legal guardians, emergency contacts, and any registered sponsors in group) Please list each pickup person's phone number and relationship to the camper. _____

The following medical questions **must be filled out by the participant** (if 18 years or older) **or the participant's parent/legal guardian** (if under 18 years).

1. Does the camper have any current medical, emotional, behavioral, or physical conditions (e.g., ADHD, ODD, ADD, anxiety, seizures, diabetes) 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. 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 (for Swimmer's Ear)
 Yes No Calcium Carbonate (Tums)
 Yes No Diphenhydramine (Benadryl)
 Yes No Ibuprofen (Advil/Motrin)

3. All routine or as-needed prescription medications (except albuterol rescue inhalers, epinephrine auto-injectors/nasal sprays, or insulin pumps) 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 3, an *Authorization for Administration of Medication* form must be submitted prior to attending camp. This form must be completed by both the parent/legal guardian and a licensed healthcare professional.

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

I certify that I am the Participant (if 18 years or older) or the parent/legal guardian for the Participant (if under 18 years). I acknowledge that Participant has been provided with the opportunity to visit and participate in activities occurring on and off the campus of Pensacola Christian College, Inc., in Pensacola, FL ("PCC").

I understand and agree that I am assuming for myself and the Participant all risk of injury that may occur during this visit, including as part of any YOM-provided transportation. While particular protective equipment and personal discipline will minimize the risk, the risk of injury does exist; and other unforeseeable injuries may occur from participating in the ministry's activities.

I hereby waive, release, and agree not to sue YOM, 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 this visit.

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 activities occurring throughout this visit. I further indemnify and save YOM and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the Participant's participation during his or her stay. I further understand that YOM does not provide medical insurance coverage for the Participant, and any medical expense incurred will be paid by me, the Participant, or my or the Participant's insurance. I hereby grant permission for the Participant to attend, participate in all activities, and to be treated by emergency response or a licensed healthcare professional in the event of any injury, accident or illness, or other situation that may require medical attention.

In the event designated representatives of YOM capture content of the Participant, I consent to the use of such captured content for marketing purposes, including but not limited to publications, promotional materials, and websites by YOM or associated affiliates. Participants are placed in rooms according to their birth gender. No refunds are available if a participant attends any part of an event. Participants that use tobacco, alcohol, or any form of illegal drugs will be dismissed. Participants, sponsors, and all guests that display a nature or behavior that is threatening or dangerous to themselves, others, or the values of YOM may be subjected to dismissal. Any noncooperative or noncompliant Participant 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 acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

I have read the dress expectations for NEXT Summer Camps campers, coaches, 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 participant is under 18 years) _____ Relationship to participant _____ Date _____

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