

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 _____

Mailing Address _____

City _____ State/Country _____ Zip _____

Parent/Legal Guardian _____ Cell Phone _____

Home Phone _____ Work Phone _____

- Camp
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Art (July 4-8) | <input type="checkbox"/> Criminal Justice (July 4-8) | <input type="checkbox"/> Computer Science (July 4-8) | <input type="checkbox"/> Drama (July 4-9) |
| <input type="checkbox"/> Education (July 4-8) | <input type="checkbox"/> Engineering & Science (July 4-8) | <input type="checkbox"/> Girls Basketball (July 4-8) | <input type="checkbox"/> Girls Volleyball I (July 25-29) |
| <input type="checkbox"/> Girls Volleyball II (Aug. 1-5) | <input type="checkbox"/> Guys Basketball I (June 27-July 1) | <input type="checkbox"/> Guys Basketball II (July 4-8) | <input type="checkbox"/> Guys Soccer (July 4-8) |
| <input type="checkbox"/> History & Political Science (July 4-8) | <input type="checkbox"/> Nursing (July 4-8) | <input type="checkbox"/> Music Academy (July 11-23) | <input type="checkbox"/> Pre-Medicine (July 4-8) |
| <input type="checkbox"/> Writing (July 4-8) | | | |

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. 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," list only the medications the nurse will keep and administer: _____

*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."*
- | | |
|--|----------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Acetaminophen (Tylenol) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Calcium Carbonate (Tums) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Diphenhydramine (Benadryl) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen (Advil/Motrin) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Auro-Dri (Swimmer's Ear) |

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 and/or surfing on the FlowRider, 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 or surfing on the FlowRider. 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; and (3) 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 and FlowRider. 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.

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 _____