

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 \_\_\_\_\_

### Camp Dates

- June 15–20     June 22–27     June 29–July 4     July 6–11     July 13–18

1. Does the camper have any current medical, emotional, behavioral, or physical conditions and/or any food or environmental allergies? (e.g., ADHD, ODD, ADD, anxiety, seizures, diabetes, peanut allergy, pollen allergy)  Yes  No If "yes," please explain. \_\_\_\_\_

2. Will the camper be bringing any **routine or as-needed** prescription or over-the-counter medications, vitamins/supplements, or essential oils to camp?  Yes\*  No If "yes," please note the types of medication. \_\_\_\_\_

\*If "yes" to question 2, 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.

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. \_\_\_\_\_

To authorize additional people to pick up your camper, please contact us at 850-479-6555.

I certify that I am the parent/legal guardian for the Participant. 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, 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 that YOM'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. 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.

Parent/Legal Guardian's Signature \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Date \_\_\_\_\_