

# Let's Go to Camp

APRIL 21-23

We will leave the Chelan High School parking lot at 4pm on Friday the 21st. Please be there beforehand, ready to leave. You might not get to ride with all your friends but I promise you'll get to ride with one. We will stop for a quick dinner in North Bend and then on to camp. At one point Graham will take away ALL your electronics. Yes, you read that right. ALL OF THEM! Mom and dad, you're welcome.

After a packed and incredible 39 hours of camp we will hit the road again at 11:30am giving us an E.T.A. of about 5:30pm. As we drive through Wenatchee we will have everyone call home and give a more accurate arrival time.

## What to Pack:

1. Money for dinner in North Bend
2. Sleeping bag and pillow
3. Towel & toiletries
4. Clothes that you can run around in & get dirty
5. Extra shoes
  - a. It's called the WESt side for a reason
6. Jacket or sweatshirt
7. Bible (If you don't have one we'll give you one)
8. Spending cash for the camp store is totally optional

\* Clothing tends to get wet at camp and stay wet all weekend so plan accordingly.

April 21-23  
6-8th Graders  
Cost: \$200

## Other Things:

1. If mom or dad need to get ahold of you, Graham will have his phone on him the entire time and his number is 509-679-0482
2. If you have medication you need help remembering to take please make sure Graham knows or if you have any dietary needs please let Graham know that as well.
3. We're ridiculously excited for you. This is gonna be awesome so get ready!

# Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of **REAL LIFE LAKE CHELAN**: Middle School Camp (hereafter "the activity") on or about April 21-23 of 2023. I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **REAL LIFE LAKE CHELAN**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **REAL LIFE LAKE CHELAN**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Name of Participant \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance  
Provider \_\_\_\_\_

Policy and/or Group Number \_\_\_\_\_

© 2010 GuideOne Center for Risk Management, LLC. All rights reserved.

This material is for information only and is not intended to provide legal or professional advice. You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.

# CRISTACAMPS



---

## Agreement for Waiver and Release, Assumption of Risks & Indemnification

**NOTICE: This document affects your legal rights, please read carefully. Handwritten *changes* to this document are not permitted and will not be honored. This Agreement constitutes the entire Agreement and shall not be modified except via written document, executed by both parties. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.**

Guest Group/Event Name \_\_\_\_\_

Voluntary Participant Name (print) \_\_\_\_\_

(If Minor) Parent/Legal Guardian Name (print) \_\_\_\_\_

[OBJ]

**I, the above Participant or the Parent/Legal Guardian of Participant, being above the age of 18, agree as follows:**

I acknowledge and understand that certain activities available at CRISTA Camps, including but not limited to: skating, skateboarding, paintball, climbing structures, ropes courses, archery, marksmanship, water sports, horses and dirt bikes are hazardous and dangerous activities that require strenuous exercise and varying degrees of skill and experience. I understand that these activities and other activities conducted at camps may result in serious injury to the person and damage to property, and I voluntarily assume any and all risks of loss, damage or injury while on the premises.

I agree to follow all rules, protocols, procedures and guidelines regarding my presence at camps and participation in camps activities which have been disseminated in written or verbal form. I understand that if I have questions, it is my responsibility to ask for clarification. I understand that my failure to follow the rules may endanger myself and/or others and I agree that my actions in this regard may result in my being asked to depart the premises. I also understand that if I damage the camp facilities, premises, or cause harm in other ways, I may be personally responsible for this damage.

I understand that being around other campers at CRISTA Camps may cause me/my family to be exposed to transmissible illness and/or diseases and I/we accept the risk of illness and death as a result.

Additionally, I acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering the camp premises, at Miracle Ranch, and participating in, or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, or for the participation of my child (or the child or minor for whom I represent that I am legal guardian), I hereby release and forever discharge CRISTA Camps and CRISTA Ministries, and their employees, officers, directors, trustees, volunteers and all other persons or entities acting on their behalf (collectively referred to as "CRISTA"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my, my child's, or the minor's (for whom I represent that I am legal guardian) viewing or participation in any camping activities. By signing this Agreement, it is my intention to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability results from CRISTA's gross negligence and except as provided elsewhere in this Agreement.

I further agree to indemnify, hold harmless and defend CRISTA against any and all claims for damages, costs, expenses or attorneys' fees brought by any third party in connection with or arising out of my, or the above-listed participant's involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives, successors and assigns.

**Emergency Consent:** \_\_\_\_\_ (voluntary participant's name) may receive emergency and/or routine medical care from a physician or emergency facility if participant's emergency contact-- or if a minor, if participant's parent/guardian(s) are incapacitated or cannot be reached in an emergency.

**IF CAMP PARTICIPANT IS AGE 18 OR OLDER, PLEASE SIGN BELOW**

I hereby certify that I am over 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I have or possess.

Voluntary Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN BELOW**

I represent and warrant that I am the parent or legal guardian of the minor person named above and have read this CRISTA Ministries Agreement in full, have full authority to contract for the minor named above and intend, to the fullest extent permitted by law, to be bound and to cause him/her to be bound by this CRISTA Ministries Agreement. All references in this CRISTA Ministries Agreement to the minor, including pronouns, shall be read to include me, the minor's parent or legal guardian, so that I am bound, individually, to all provisions of this CRISTA Ministries Agreement and Release binding the minor person named above. In consideration of \_\_\_\_\_'s (print minor's name) ("Minor") participation in voluntary Camps activities including the use of Camps equipment and facilities, I further agree to indemnify, defend and hold CRISTA harmless from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent/Legal Guardian Signature  
(on behalf of marital community) \_\_\_\_\_ Date \_\_\_\_\_