

**Mount Zion Baptist Camp Consent and Release Form 2019**

□ Adult Counselor □ Teen Guy □ Teen Girl □ Jr Boy □ Jr Girl

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade

Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_ Zip

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor’s Name

Church Address

**Registration is not complete without including your non-refundable $199/$230 camp fee.**

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is \_\_\_\_\_ years of age, participating in the activities connected with the trip to and from at the time at Mount Zion Baptist Camp at the Lassen Pines Retreat Center, 8071 Mineral Road in Viola, CA, (and/or Camp McCumber at 35440 Deer Flat Rd, Shingletown, CA) an activity sponsored by Pleasant Valley Baptist Church from Monday, August 5, through Friday, August 9, 2019. I certify that my child is able to participate in these activities, including sports, swimming, and horseback riding (unless otherwise indicated). If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Pleasant Valley Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connections with the activity or participation in any associated activities.

I grant Pleasant Valley Baptist Church the right to take photographs of my child with or without his or her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I authorize Pleasant Valley Baptist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legal binding agreement, which I have read and understand.

Medical Conditions to Be Aware of:

Physical Restrictions:

Medications and Instructions:

Date of Last Tetanus or Booster:

I Do Not Wish My Child To Participate In The Following:

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Telephone Numbers Where I May Be Reached In An Emergency:

□ I, the above signed parent/guardian, give permission to the medical staff of MZBC to administer any OTC medicine per packaging instructions if need be. **Please check the box** (i.e. Tylenol, Ibuprofen, etc.)

**Mount Zion Baptist Camp Health Policy and Procedures**

All prescription medication needs to be turned in at the medical station upon registration. The only exclusions that apply are those medications that need to be in possession of the camper at all times (i.e. EpiPen, inhalers, insulin, etc).

Each camper is to visit the medical station when his or her daily or hourly medication is due. If the camper needs help remembering, please inform his or her counselor.

Our medical stations stock basic first-aid items and over-the-counter medications. We are unable to stock any prescriptive medications, as it is out of our scope of our practice and because we do not have a pharmacy license.

We host two medical stations. One is located at the teen camp vicinity (Lassen Pines), while the other is hosted at our junior camp vicinity (Camp McCumber). Our teams of medical staff are volunteers yet have many years of experience. One member is a registered nurse and another member is a certified paramedic.

The medical stations will be open from 8 am to 6 pm (excluding service times). We will have security personnel available to reach medical personnel in case of any emergency.

First Aid tips for all campers:

1. Campers commonly leave their inhalers and/or EpiPen at home. Each year asthmatic campers have asthma attacks, and unfortunately no medication is at camp to prevent the attack from occurring. Please do not forget these essential items if applicable.
2. Dehydration and electrolyte imbalances: Drink plenty of water and have healthy snacks available. With the camp schedule, climate, and activities, this is vital for a healthy stay at camp.
3. Foot injuries often happen due to improper footwear. Consider flip-flops for the shower only. It is very common to treat campers who have gouged a toe due to running in flip-flops. Please consider bringing tennis shoes for competitions and activities.