

Waiver and Indemnity Agreement



Sugar Pine
christian camps

Minor(s) (under age 18) identified for this release:

1. (First) _____ (Last) _____
2. (First) _____ (Last) _____
3. (First) _____ (Last) _____
4. (First) _____ (Last) _____

Minor (Under Age 18) Parent/Guardian

I, the undersigned, legal parent or guardian, wish to voluntarily permit my son(s) and/or daughter(s) or wards, named below, to participate in activities at Sugar Pine Christian Camps, Oakhurst, California. Activities may include, but are not limited to:

High ropes challenge course, low ropes challenge course, zip line, paintball, climbing structures, pool and pond activities, organized games and events which may include archery, BB gun firing, bicycling, train rides, and any and all personal choice activities my son(s) and or daughter(s) choose to experience.

ADVENTURE RECREATION MINIMUM AGE AND SIZE REQUIREMENTS:

- HIGH ROPES CHALLENGE COURSE: 13 YEARS OLD AND 4'10" TALL.
- ZIP LINE: 4 GRADE AND 4'10" TALL.
- LOW ROPES CHALLENGE COURSE: 10 YEARS OLD.
- PAINTBALL: 12 YEARS OLD OR ENTERING 7TH GRADE.
- CLIMBING STRUCTURES: 6 YEARS OLD.

I fully recognize the dangers and hazards inherent in camping activity, and any related transportation; including personal injury, property damages, or wrongful death, as well as the unknown dangers and hazards which may arise in my son(s) and/or daughter(s) participation in the camping activity, do hereby voluntarily:

Agree for myself, my heirs and personal representative(s), to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by California law, Sugar Pine Christian Camps, their trustees, officers, employees, agents, insurers, successors and assigns; from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property, or any personal injury or death that may result from my son(s) and/or daughter(s) participation in all activities.

The undersigned parent or guardian represent the he/she has read this Waiver, has requested and has been provided with, or has requested and declined advisement on the potential danger/risks of engaging in the observation, activities, or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware and understands the legal consequences of signing this Waiver. The undersigned parent or guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by California law and if any portion of the Waiver is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of parent or legal guardian: _____ Date: _____

Print Name: (First) _____ (Last) _____

Emergency Information and Release Form



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If your child should require medical attention at camp for injuries or illness contracted prior to coming to camp, please send us the information necessary to give your child proper medical attention during his/her stay at Sugar Pine Christian Camps.

Camper Name: (First) _____ (Last) _____

INSURANCE: Do you have health insurance? Yes No

Insurance Company: _____

Policy Number: _____ Phone: () _____

Primary Insured's Name: _____

EMERGENCY INFORMATION:

Physician: _____ Phone: () _____

HEALTH HISTORY:

- | | | | |
|---------------------------------------|---------------------------------------|---|--------------------------------------|
| <input type="radio"/> Drug Allergies | <input type="radio"/> Hay Fever | <input type="radio"/> Physical Disabilities | <input type="radio"/> Frequent Colds |
| <input type="radio"/> Insect Stings | <input type="radio"/> Other Allergies | <input type="radio"/> Diabetes | <input type="radio"/> Stomach Upset |
| <input type="radio"/> Heart Condition | <input type="radio"/> Chronic Asthma | <input type="radio"/> Food Allergies | <input type="radio"/> Epilepsy |

If any of the above are checked, please explain, including normal treatment: _____

Name and dosage of any medication that must be taken: _____

Any activity Restrictions? Yes No If "Yes", please explain: _____

Special needs? (Housing or Dietary) _____

Date of last Tetanus Shot: _____

MEDICAL RELEASE:

In the event I can not be reached in an emergency during the camp dates shown on the form, I hereby give my permission to the physician or dentist selected by Sugar Pine Christian Camps to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse on duty at Sugar Pine to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release, Sugar Pine Christian Camps does not provide any type of camper medical insurance.

Signature of parent or legal guardian: _____ Date: _____

Print Name: (First) _____ (Last) _____