



**Pinerock
Camp & Retreat Center**

PARTICIPANT AGREEMENT, WAIVER AND RELEASE

Knowing there are dangers, hazards, and risks associated with Pinerock Camp & Retreat Center’s activities including Archery, Climbing Wall, Low Ropes, High Ropes, Zip Line, Paintball, BB Guns, Swimming Pool, and/or related activities (hereafter “Activities”), and with sufficient knowledge of my experience, physical condition, and any and all limitations I may have at the time, I voluntarily assume all responsibility and risk of loss, damage, illness, injury and/or death that I may in any way sustain in connection with my voluntary participation in any and/or all of these Activities.

Understanding that I could be injured or die as a result of my participation in the Activities, I agree to release, indemnify and discharge Pinerock Camp & Retreat Center and their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (collectively “Pinerock”) and hold Pinerock harmless on behalf of myself, my children, my parents, my heirs, assignees, personal representative and estate.

It is my intent by signing this document to agree not to make a claim or bring a law suit against Pinerock and to forever release them from any and all legal responsibility for any loss, injury, damage (including death) that I may suffer as a result of my participation in the aforementioned Activities whether due to negligence, default, action or inaction on the part of Pinerock.

Upon signing this form, I acknowledge and agree that I must abide by all rules, regulations, expectations, and standards of conduct applicable to participation in the Activities. I understand that Pinerock reserves the right to limit or terminate my participation in any activity, in the sole discretion of Pinerock staff.

I also hereby grant Pinerock Camp & Retreat Center permission to use my likeness, which may appear randomly and without any intent to exploit me personally, in any photograph, video, or other digital media captured in the normal course of Pinerock’s memorialization of activities at the camp, in any and all of its publications, including web-based publications, without payment or other consideration given to me.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT, WAIVER AND RELEASE AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant Name: _____ Signature: _____ Date: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

PARENT/GUARDIAN CONSENT (to be completed if the participant is under the age of 18)

I hereby consent that my child may participate in Activities. I have read and fully understand the agreement, Waiver and Release and consent on behalf of the Participant to its terms.

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Church: _____

Kids Camp ~ June 25-29, 2023

Cabin: _____
Camp Use Only

Counselor Camp Health & Release

2023 AZ KIDS CAMP HEALTH AND RELEASE RECORD

_____ M F
Last Name First Name Grade Entering Birth Date Sex at Birth

_____ Home Address Home Phone

_____ City State Zip

_____ Parent/Guardian 1 Birth Date Cell Phone

_____ Parent/Guardian 2 Birth Date Cell Phone

_____ Physician's Name Physician's Phone

If Parent/Guardians are not available in an emergency, notify:

1. _____ Phone _____

2. _____ Phone _____

_____ Insurance Company Insurance # Group #

Copy of insurance card is attached

Copy of immunization record is attached

MEDICAL INFORMATION

IMPORTANT: Please notify the Camp Director if this child has been exposed to any communicable diseases 3 weeks prior to coming to camp. Please state type of exposure:

GENERAL HEALTH Does child have/ever had problems with (provide details for questions answered "yes"):

	Yes	No		Yes	No		Yes	No
Recent illness or injury			Breathing/asthma			Vision		
Surgery			Heart			Ear		

Frequent headaches			Blood clotting			Nightmares		
Skin			Seizures			Bedwetting		
Fainting spells or dizziness			Walking/orthopedic			Sleepwalking		
Chronic/recurring illness/ condition (diabetes, cancer, etc)			Emotional/psychiatric			Stomach/bowel		
						Other		

ALLERGIES	Yes	No	Unknown	Anaphylactic	EpiPen Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hay fever					Give details, past reactions and usual treatment:
Bee stings					
Peanuts					
Medication					
Food allergies					
Other (latex, etc)					

FOR FEMALE: Has she menstruated? Yes No If not, has she been told about it? Yes No

NUTRITIONAL/DIETARY INFORMATION please check all that apply:

does not eat red meat does not eat pork does not eat eggs does not eat dairy

Other:

MEDICATION

Will your child require medication while at camp? Yes No Maybe

Please bring all medications usually taken, in ORIGINAL containers, and enough for the entire stay at camp (include an extra dose for accidental spills).

Prescription bottle instructions MUST match information provided below.

Medication	Dose	Times taken each day	Reason/Diagnosis	Special instructions

This section **GIVES** or **DOES NOT GIVE** permission for the Camp Nurse to provide your child OTC medicines while at Camp.

OTC Medication	Yes	No	Dose based on weight/age per pkg instructions	Other dosage instructions
Acetaminophen/Tylenol			<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen/Advil/Nuprin			<input type="checkbox"/>	<input type="checkbox"/>
Antacids			<input type="checkbox"/>	<input type="checkbox"/>
Antihistamine/allergy			<input type="checkbox"/>	<input type="checkbox"/>
Topical hydrocortisone			<input type="checkbox"/>	<input type="checkbox"/>
Ear and eye drops			<input type="checkbox"/>	<input type="checkbox"/>
Skin disinfectant/antiseptic			<input type="checkbox"/>	<input type="checkbox"/>
Topical antibiotic ointment			<input type="checkbox"/>	<input type="checkbox"/>
Sun screen			<input type="checkbox"/>	<input type="checkbox"/>
Sunburn treatment			<input type="checkbox"/>	<input type="checkbox"/>
Aloe vera			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

PARENT/GUARDIAN PERMISSION FORM

Anyone under the age of 18 must have this section complete.

My signature below indicates my permission for my child _____ to attend the

District Summer Children's Camping Program at Camp Pinerock in Prescott, Arizona on June 25-29, 2023 with

Church of the Nazarene.

(Local Church)

My signature below also indicates that I understand that some of the activities will take place off of the Campgrounds and I therefore give my permission for my student to be transported by the district or local leaders to such activities. I give permission for the camp to use my child's picture or video for publicity purposes.

Signature of Parent or Legal Guardian

Date

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedure (medical, dental, or surgical.), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such injury.

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me. My signature indicates that I have read and approve the medical treatment authorization.

Signature of Parent or Legal Guardian

Date

LIABILITY RELEASE FORM

I, _____, understand that every necessary precaution has been taken to ensure the safety of each camper, counselor, and staff. I release the Church of the Nazarene and any other sponsoring children's activities from legal suit, due to injuries that may occur during church related activities.

Signature of Parent or Legal Guardian

Date

Subscribed and sworn to me this _____ day of _____, 2023

Notary Public

Commission expires

FORM MUST BE NOTARIZED PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD AND IMMUNIZATION RECORD