

Parent Permission & Camp Contract

Student Camp Contract

I understand that this trip is a great privilege and that the purpose of camp is for me to grow in my relationship with God and build relationships with other people. I understand that I am expected to be involved fully in camp activities and be respectful to other students and leaders.

Every day we will be involved in a morning devotion, morning session, games, afternoon activities, an evening session, evening devotions, three meals, and a night game.. I agree to be on time to all camp activities and cooperate with all camp leaders. I understand that my parents may be contacted if I choose not to be involved or am disrespectful toward others. I also understand that my disruptions to camp could lead to expulsion from camp at my parents' expense.

I also agree to the following Code of Conduct

1. Guys will stay in guys cabins, girls in girls.
2. I will stay in my cabin after lights out.
3. I will not bring or purchase alcohol, drugs, tobacco, guns, knives or fireworks.
4. I will attend all of the meals, meetings and activities.
5. I will show respect to all camp leaders as well as other students.
6. I will not participate in public displays of affection.
7. I will respect the property of others as well as the camp ground.

I have read the above guidelines for Summer Camp, and agree to be held accountable to this code of conduct.

(Student signature)

(Parent signature)

(Or attach a copy of the front and back of your insurance card to this form)

Indicate the date of this child's last tetanus shot _____

Are there any activities, such as strenuous activities, to be restricted for this child? _____ If so, describe:

Is this child currently on any medications? _____

Med # 1 _____ Dosage _____ Times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Times taken each day _____

Reason for taking _____

Med # 3 _____ Dosage _____ Times taken each day _____

Reason for taking _____

Describe any dietary restrictions that this child is required to observe _____

Other comments or suggestions from the parent or guardian concerning this child _____

Occasionally a student will complain of a headache or upset stomach. We ask your permission to administer over-the-counter medications such as Tylenol, ibuprofen, and cold medicine as needed.

___ This student may receive such medications

___ This student may NOT receive such medications

If only specific medications are prohibited, please list them _____

___ Please call before administering such medications.

I understand that First Evangelical Free Church (ministry) carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counsellor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____

Covenant Harbor Bible Camp Waiver

Covenant Harbor Bible Camp Retreat Center offers a number of recreational activities to guests including, but not limited to, *Snake Road Adventure Center* Teams Challenge Course programs, mountain boards, skate park, archery, canoeing, etc. that may involve a variety of activities that often include warm-ups, exercises, activities, group initiative problems, climbing tower, zip line, low and high element challenges. Participants engage in aforementioned activities always by their own choice so the risk of injury must be assumed by the individual. Covenant Harbor Bible Camp reserves the right to deny participation in any activity to individuals for safety reasons that may include not following safety guidelines, abuse or misuse of activity apparatus or facilities, putting others or self at risk of physical injury or environmental conditions that compromise the safe operation of the activity. The activities can be strenuous and often offer exercise of a different nature than some participants are used to. We do not want you to engage in activities that would be detrimental to your health or which might be opposed by your physician because of illness, injury or surgery. Participants of the activities must have their own health insurance coverage.

I understand that aspects of Covenant Harbor Bible Camp's Retreat Center activities may be physically and emotionally demanding. I affirm that I do not have any physical or medical conditions that would put myself or others at risk of harm and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the activities. I understand that I will be participating in activities outside, inside or in a variety of environmental conditions, which may include sun, rain, wind, and snow and in a range of temperatures. I understand that there are inherent risks in the activities and I agree to follow the directions and safety rules of Covenant Harbor Bible Camp staff and cooperate with them.

Participant's Signature _____ Date _____

Participant's Name (please print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS

This form must be completed by and for each participant

Fantasy Hills Ranch, Ltd.

STABLE NAME, hereinafter known as "THIS STABLE"

LOCATION: 4978 Town Hall Rd., Delavan, WI 53115

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE-- In consideration of the payment of a fee and the signing of this agreement. I, the following listed individual, and the parent or legal guardians thereof of a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:

RIDER NAME	AGE (If under 21)	WEIGHT Over 240#	HORSE RIDING EXPERIENCE (Check which one applies)
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> BEGINNER (under 10 hours) <input type="checkbox"/> OVER 10 HOURS

Does the rider have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse?
 Yes No (Circle one) If "yes" describe here:

WRITE INITIALS BELOW AFTER READING EACH SECTION. PARENTS or GUARDIANS MUST ALSO INITIAL.

_____ A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.

- B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS-- This agreement shall be legally binding upon me, the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I," "ME," and "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

- C. ACTIVITY RISK CLASSIFICATION-- I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/We further understand that applicant may be participating in a "WILDERNESS EXPERIENCE" and that the meaning of this term is defined as follows: THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMMALS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.

- D. NATURE OF STABLE HORSES-- I UNDERSTAND THAT: THIS STABLE chooses its rental horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and THIS STABLE follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground, it will generally be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight, Bucking, Rearing, Kicking, Biting, or Running from danger.

