

Statement of inherent risk and liability release, camper form

To be signed by the parent or legal guardian.

1. Permission to Participate

As parent or legal guardian, I give the minor child of this registration, permission to attend Plains Baptist Camp and to participate in all scheduled and unscheduled activities. Camp activities may include but are not limited to:

- a. Worship, bible study,
- b. Hiking, climbing, field sports, gym recreation, running, low and high ropes courses, adventure course and Zipline.
- c. Swimming in the pool that includes water slide and diving board.
- d. Lake/pond recreation which includes The Blob, The Rock it, water slide, canoes, and kayaks. Lifejackets will be worn at all times.
- e. Shooting sports that include pellet guns, sling shots and archery. 22 rifles and shotguns may be incorporated into some shooting sports if age appropriate.

Plains Baptist Camp will provide qualified lifeguards, ropes course facilitators, and shooting sports instructors.

2. Acknowledgement of Inherent Risks

I understand there are inherent risks associated with my child attending camp, and participating in camp activities that may lead to serious injury or death.

- a. Plains Baptist Camp is located in a wilderness canyon with rough terrain; your child might trip, fall, and get cut or scraped.
- b. Wild animals living in the canyon include, but not limited to: deer, raccoons, fox, coyote, poisonous and non-poisonous snakes, hogs, bob cats, mountain lion, feral cats, opossum, porcupine, bees, mosquitos, wasps, spiders, and other animal/insects.
- c. The canyon has trees, cactus, and plants that might cause allergic reactions.
- d. Other ways your child might be seriously injured include but not limited to: rough housing in dorms or on camp property, falling off bunk beds, getting hit by objects thrown by other campers, swinging or walking on handrails, tripping on steps/ramps, coming in contact with allergens.

3. Acknowledgement of Financial Responsibility

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury, with the exception of gross negligence of camp staff.

4. Acknowledgement of Responsibility for Damages

I agree that I am financially responsible for any damage to camp property caused by my child, including graffiti.

5. Consent to Address Discipline Problems

I have explained the camp rules to my child, and give Plains Baptist Assembly's staff in cooperation with the group/church leader's permission to address disciplinary problems. I understand that if my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

6. Use of Child's Photograph for Promotional Purposes

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Plains Baptist Camp.

Plains Baptist Camp does not sell photos to other parties.

7. Notification of Allergens

Plains Baptist Camp cannot guarantee your child will not come in contact with food allergens. Upon timely notification we will attempt to prepare special food for persons with food allergies. Plains Baptist Camp is not responsible for allergic reactions to stings, plants, animals, food purchased from the snack shack, or food given to your child by sponsors, or other campers.

8. Supervision

Plains Baptist Camp does not provide direct supervision to the camper. It is the responsibility of the counselors attending camp with your child to provide supervision.

9. Limits of Insurance

Plains Baptist Camp provides limited medical/accidental insurance for campers, to be used as secondary insurance. The camper's personal medical insurance will be the primary insurance.

10. Pre-Authorization for Medical Treatment

I authorize Plains Baptist Camp staff and camp counselors, permission to render first aid, and seek medical/surgical treatment, for my child while they are attending camp. I understand treatment may include transportation to a local physician or emergency room.

In the case of an emergency, parental notification will be made to the emergency contacts listed on this form.

I authorize Plains Baptist Camp to have a copy of my child's medical records.

11. Release and Hold Harmless

I agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives for any injury, death, harm, or other damage by any occurrence in connection with my child's attending camp at Plains Baptist Camp, with the exception of gross negligence.

Signed _____ Date _____
Parent/Legal Guardian