

Statement of Understanding/Medical Consent for Camp & Retreat Guests

As a VISITOR, I am aware in signing this statement for participation in activities at Lake James Christian Assembly (LJCA) that certain activities are physically demanding. Therefore, physical fitness will increase my enjoyment and ability to participate in the activity. If for any reason I question my ability to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered are slipping or falling, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures, or other injuries. Please note that some activities are conducted in the outdoors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. Activities at camp may involve the following shooting sports: archery, archery tag, sling shots, and/or air rifles; and/or axe throwing. Horse camps and activities at the Camp Farm may include horseback riding and horse stable activities. Helmets are MANDATORY while riding horses at the Camp Farm. Aquatics & fishing activities may involve the use of kayaks, canoes, paddleboards, coracles, or motorboats; life jackets are required on all boats. Water skiing, wakeboarding, knee boarding and tubing does involve certain risks. The instructors of the activities will take every reasonable precaution to minimize exposure to known risks, however, as a participant I acknowledge the nature of the activity and the fact that not all the stresses and hazards connected with the activity can be foreseen. I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. If at any time I have questions about the activity, I have the responsibility to consult with my instructor.

As an ADULT over 18, I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors, water and sports activities. Knowing the inherent risks, dangers and rigors involved in the activities, as listed above, I certify I am fully capable of participating in the activities. I assume full responsibility for myself for bodily injury, death, loss of personal property, and expense thereof, as a result of my participation in the above activities sponsored by Lake James Christian Assembly. I understand that some of these activities may be off-site and give permission for transportation to and from these activities. I authorize LJCA to provide a copy of this form for release purposes to cooperative off-site agencies. I also authorize LJCA to take and use any photographs or videos of myself as may be needed for its records or public relations programs. In case of emergency, I hereby give permission to LJCA to hospitalize, secure treatment for and to order anesthesia or surgery for myself named below. I understand however that every effort will be made to reach my emergency contact in case of such an emergency, if possible, before any such medical treatment is administered. I hereby release LJCA from any responsibility other than normal supervision and care. In case of accident, I will not hold Lake James Christian Assembly, its staff, faculty, management, officers, or affiliated churches liable. *I understand that there are inherent risks involved in participating in camp activities, such as, but not limited to, falls, accidents (on land and in water), and exposure to communicable diseases. **I Understand Camp Accident Insurance is Secondary.

As a PARENT of a minor under 18 years of age, I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors, water and sports activities. Knowing the inherent risks, dangers and rigors involved in the activities, as listed above, I certify that my child named below is fully capable of participating in the activities. I assume full responsibility for my child for bodily injury, death, loss of personal property, and expense thereof, as a result of my child participating in the above programs sponsored by Lake James Christian Assembly. I understand that some of these activities may be off-site and give permission for my child to be transported to and from these activities. I authorize LJCA to provide a copy of this form for release purposes to cooperative off-site agencies. I also authorize LJCA to take and use any photographs or videos of the camper named on this application as may be needed for its records or public relations programs. In case of emergency, I hereby give permission to LJCA to hospitalize, secure treatment for and to order anesthesia or surgery for my child named below. I understand however that every effort will be made to contact me in case of such an emergency, if possible, before any such medical treatment is administered. I hereby release LJCA from any responsibility other than normal supervision and care. In case of accident, I will not hold Lake James Christian Assembly, its staff, faculty, management, officers, or affiliated churches liable. *I understand that there are inherent risks involved in my child participating in camp, such as, but not limited to, falls, accidents (on land and in water), and exposure to communicable diseases. **I Understand Camp Accident Insurance is Secondary.

Participant PRINTED Name: _____ **Date:** _____

Emergency Contact Printed Name: _____ **Emergency Contact Phone #:** _____

Participant Signature (over 18 years of age): _____

Parent/Guardian Signature (under 18 years of age) _____

Please add additional emergency contact information or participant health information below if needed.