

LIABILITY RELEASE AND PRE-CAMP PREPARATION INFORMATION

(Sponsor has permission to duplicate)

The cost of camp is \$ _____ with a deposit of \$ _____ due by _____

1. Campers are to bring their own toiletries, towels, linen or sleeping bag, pillow, suntan lotion, and enough clothing to last the duration. Closed toe shoes are suggested and required for many activities.
2. Pocket money may be needed for snack bar, which sells shirts, soft drinks, snacks, and personal hygiene products.
3. The mailing address for campers is:
Camper and Group Name
c/o El Shaddai Christian Retreat Center
3000 FM 884
Yorktown, TX 78164
4. The office phone for reaching campers in an EMERGENCY ONLY is (361)-564-9488
5. Campers should not bring radios, tape players, personal music devices, Gameboys, PSPs, gum, etc.

NOTE: The sponsor shall withhold a camper from all recreational activities unless the liability release below is supplied for that camper and completely filled out and signed.

(detach)



LIABILITY RELEASE

1. If there are existing medical limitations, including allergies, which would affect or limit you or your child's participation in any camp activity, or of which medical personnel should be made aware, please indicate below. Without such notice, it will be assumed that you or your child is physically fit and mentally capable of participation in all activities. Medical conditions and/or special instructions are: _____
2. Please circle any of the following activities in which you or your child are NOT to participate: Team Challenge Course
Canoeing Swimming Volleyball Soccer Basketball Football Hayride

Other Activities and/or athletics (Please specify)

3. El Shaddai Christian Retreat Center and (Name of sponsoring organization) _____ including employees and representatives of the aforementioned organizations shall be help harmless from any suit, action, damages, or claims at law or otherwise, resulting from or arising out of any injury, accident, or illness which may befall (name of camper) _____ and/or his/her property while a camper at El Shaddai Christian Retreat Center. If the camper is a minor, this covenant is applicable to camper and his/her parents and guardian.
4. The undersigned parent or guardian hereby authorizes sponsor, sponsor's agent, or employee to take such action as may be necessary for the medical care or treatment including the administration of medication, performing of surgery, or such other action as needed in the event of injury or illness of camper when parent or guardian cannot be reached for authorization. In the event the above authorized refuse or ar not able to act. El Shaddai Christian Retreat Center personnel are authorized as set forth above. This authorization may be presented to medical personnel without liability of said personnel to seek further authority.

MEDICAL INSURANCE COMPANY: _____ POLICY # _____
(Copy insurance card on back of this form if possible)

_____/_____
(Signature of Camper) (Date)

_____/_____/_____
(Signature of parent or guardian if camper is under 18) (Printed name of parent or guardian) (Date)

_____/_____/_____
(Home address of camper) (Home phone number) Emergency phone number)