

Angeles Crest
Christian Camp

MOUNTAIN

CAMP

MAY 19-21

\$250 per Student
Includes transportation,
lodging and meals

- Rockwall
- Zip Line
- Archery
- Laser Tag (included)
- Paintball (optional)
- Game Room
- Campfire & S'mores
- Astronomy
- Aquatics
- Orienteering

**ANGELES CREST
CAMP**

HANDS ON LEARNING IN GOD'S CREATION

(714) 821-6227

WWW.OCCS.ORG

@ANGELESCRESTCC



ADULT PARTICIPANT RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ANGELES CREST CHRISTIAN CAMP FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I acknowledge and agree that any use of Angeles Crest Christian Camp facilities, services, equipment and premises ("Facilities") and any participation in Angeles Crest Christian Camp programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Angeles Crest Christian Camp, it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE**. Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

MEDICAL RELEASE

I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for me as deemed necessary if I am unable to give consent. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature below is intended to serve as a medical release.

Participant Signature

Participant Name (Print Clearly)

Date _____

Please note that dogs and other pets are not permitted at camp. Trained and certified service dogs are permitted but please contact the camp office before arrival so we can be prepared.





Angeles Crest Christian Camp Medical Information and Release Form

NAME _____ AGE _____ DATE OF BIRTH _____ DATE OF CAMP _____

CHURCH _____ CITY _____ MALE FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____ EMAIL ADDRESS _____

IN EMERGENCY NOTIFY _____ PHONE (____) _____

FAMILY DOCTOR _____ PHONE (____) _____ DATE OF LAST PHYSICAL EXAM _____

IS CHILD CURRENT WITH IMMUNIZATION RECORD? _____

HEALTH HISTORY:

Drug Allergies _____	Heart Condition _____	Behavior/Nervous Disorder _____
Food Allergies _____	Asthma _____	Physical Handicap _____
Environmental Allergies _____	Seizure disorder _____	Stomach Problems _____
Insect Stings _____	Diabetes _____	Other _____

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) _____

Date of last tetanus shot: _____ Name, dosage, and frequency of any medications that must be taken regularly or as needed: _____

Any swimming restrictions: Yes _____ No _____ Any activity restrictions; _____ Yes _____ No _____ What restrictions? _____

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp. For special medical needs, please contact us prior to arrival: _____

Medical insurance: Your carrier will be billed for medical charges in case of accident or illness while at camp. Do you have medical insurance? Yes No
Please give name and policy number of insurance carrier:

Insurance Company _____ Policy Number _____

MEDICAL RELEASE

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

Parent or guardian's signature _____ Relationship to child _____

(you may sign your own Release if you are 18 or older)

Print Name _____ Spouse's Name _____ Date _____



ANGELES CREST CHRISTIAN CAMP

Participation, Release, Waiver & Indemnity Agreement

WHILE ANGELES CREST CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT ANGELES CREST.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Angeles Crest Christian Camps, and on or around Angeles Crest. These activities include, but are not limited to, swimming, Pamper Pole, climbing wall, archery, riflery, competition games, trampoline, paintball, and zip line. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Angeles Crest Christian Camp has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Angeles Crest Christian Camp, its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Angeles Crest Christian Camp or on or around Angeles Crest. This release does not apply to intentional and/or willful acts of misconduct by Angeles Crest Christian Camp or any of its officers, Board, agents or employees.

Should Angeles Crest Christian Camp, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to indemnify and hold Angeles Crest Christian Camp harmless for all such fees and costs.

During camp, photos and/or videos are sometimes taken to use in materials to promote Angeles Crest Christian Camp in print or on the website. You hereby grant Angeles Crest Christian Camp permission to record your voice and photograph in conjunction with the Camp. By entering the camp, you waive all rights you may have to claims for payment or royalties.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Angeles Crest Christian Camp on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or guardian's signature _____ Date _____

Print Name _____ Relationship to child _____ Email Address _____