

(Complete one form per camper—BOTH sides—Must be submitted 3 weeks before camper's arrival)

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade exiting \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Church \_\_\_\_\_  
 Parent's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Parent's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Camper email \_\_\_\_\_ Week Attending \_\_\_\_\_

### EMERGENCY INFORMATION

Alternative persons to be called in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### CHILD RELEASE INFORMATION

List others, beside parents, AUTHORIZED to pick up child

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### INFORMATION REQUIRED BY STATE LAW

Health Ins Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

### VACCINES (approximate date immunized)

DPT \_\_\_\_\_ Measles \_\_\_\_\_

Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_

Oral Polio \_\_\_\_\_ Rubella \_\_\_\_\_

### MEDICAL INFORMATION PAST OR PRESENT (please check)

Asthma	___ Yes ___ No	ADD/ADHD	___ Yes ___ No	Measles	___ Yes ___ No
Heart Defect/Disease	___ Yes ___ No	Head Lice (recent)	___ Yes ___ No	German Measles	___ Yes ___ No
Recent Hospitalization	___ Yes ___ No	Bed-wetting	___ Yes ___ No	Other Diseases/Conditions	___ Yes ___ No
Currently under Dr. care	___ Yes ___ No	Sleepwalking	___ Yes ___ No	_____	_____
Seizures	___ Yes ___ No	Tuberculosis	___ Yes ___ No	_____	_____
Diabetes	___ Yes ___ No	Chicken Pox	___ Yes ___ No	_____	_____

For each \_X\_ Yes, please explain: \_\_\_\_\_

### ALLERGIES (please check)

Hay Fever	___ Yes ___ No	Bee Stings	___ Yes ___ No	Penicillin	___ Yes ___ No
Oak/Ivy Poisoning	___ Yes ___ No	Bringing Bee Sting Kit?	___ Yes ___ No	Other Drugs	___ Yes ___ No
Foods	___ Yes ___ No	Other insects or animals	___ Yes ___ No	Other Allergies	___ Yes ___ No

Please list any other allergies, including food allergies: \_\_\_\_\_

Current Medications to be continued at camp (dosage/frequency): \_\_\_\_\_

Dietary Restrictions \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

### NON-PRESCRIPTION MEDICATIONS (I AUTHORIZE THE FOLLOWING MEDICATIONS TO BE ADMINISTERED AS NEEDED)

Tylenol	___ Yes ___ No	Bernadryl	___ Yes ___ No	Pepto Bismol	___ Yes ___ No	Neosporin	___ Yes ___ No
Chloraseptic	___ Yes ___ No	Cough Drops	___ Yes ___ No	Ibuprofen	___ Yes ___ No	Calamine Lotion	___ Yes ___ No

Note: These items will be provided by PPC and only administered if parent/guardian has given approval.

## Suggested : Health Examination by Licensed Physician

ALL CAMPERS ARE SUGGESTED TO HAVE WRITTEN CONFIRMATION OF A HEALTH EXAMINATION WITHIN 24 MONTHS OF ATTENDING PPC.

I have examined the child named on this form within the past two years. Date Examined: \_\_\_\_/\_\_\_\_/\_\_\_\_

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

The applicant is under the care of a physician for the following condition/s: \_\_\_\_\_

The following activities should be limited by physician's advice: \_\_\_\_\_

The following activities should be encouraged by physician's advice: \_\_\_\_\_

The following treatment or medications to be continued at camp (please give specific dosages): \_\_\_\_\_

Additional health information: \_\_\_\_\_

Licensed Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_ By: \_\_\_\_\_

### PARENT'S AUTHORIZATION

This health history is correct, so far as I know, and the person/camper herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Pilgrim Point Camp (PPC) to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by PPC to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named here. We recognize that the participant must follow safety instructions, remain in areas designed by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize PPC staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEMO OF UNDERSTANDING (To be read, understood and signed by Camper and Parent)

We welcome you to Pilgrim Point Camp summer program. In order to provide the best possible camp experience for every camper and leader, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to use tobacco, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept under the control of the Health Officer.
4. Campers are not to possess or use firecrackers or explosives, nor possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without PPCR staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, bullying, and sexual harassment/intimidation may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. Pilgrim Point Camp is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parent's expense and liability) who violates these rules. PPC staff reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. I have read, understood and will abide by the rules as stated above throughout my stay at camp. Signed:

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Habitat for Humanity of Douglas County, Minnesota, Inc.**

***Minor Release and Waiver of Liability***

**PLEASE READ CAREFULLY!**

**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, (the "Volunteer"), in favor of Habitat for Humanity of Douglas County, Minnesota, Inc. Habitat for Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReSale operations; traveling to and from work sites, towns, cities or countries; consuming food available or provided; constructing and rehabilitating residential buildings; and other construction-related activities.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

**Release and Waiver.** I, THE VOLUNTEER, DO HEREBY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS THE RELEASED PARTIES AND THEIR SUCCESSORS AND ASSIGNS FROM ANY AND ALL LIABILITY, CLAIMS AND DEMANDS WHICH I OR MY HEIRS, ASSIGNS, NEXT OF KIN OR LEGAL REPRESENTATIVES MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE WHICH ARISE OR MAY HEREAFTER ARISE FROM OR IS IN ANY WAY RELATED TO MY ACTIVITIES WITH ANY OF THE RELEASED PARTIES, WHETHER CAUSED WHOLLY OR IN PART BY THE SIMPLE NEGLIGENCE, FAULT OR OTHER MISCONDUCT, OTHER THAN INTENTIONAL OR GROSSLY NEGLIGENT CONDUCT, OF ANY OF THE RELEASED PARTIES OR OF OTHER VOLUNTEERS.

I UNDERSTAND AND ACKNOWLEDGE THAT BY THIS RELEASE I KNOWINGLY ASSUME THE RISK OF INJURY, HARM AND LOSS ASSOCIATED WITH THE ACTIVITIES. I ALSO UNDERSTAND THAT THE RELEASED PARTIES DO NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH OR DISABILITY INSURANCE IN THE EVENT OF INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE.

*It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.*

**Medical Treatment.** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child. OVER

**Assumption of the Risk.** I, THE VOLUNTEER, UNDERSTAND THAT MY ACTIVITIES MAY INCLUDE WORK THAT MAY BE HAZARDOUS TO ME, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: CONSTRUCTION; LOADING AND UNLOADING; TRAVEL TO AND FROM THE WORK SITES; AND EXPOSURE TO LEAD, ASBESTOS, AND MOLD, WHICH MAY CAUSE OR WORSEN CERTAIN ILLNESSES, ESPECIALLY IF I DO NOT WEAR PROTECTIVE EQUIPMENT, AM EXPOSED FOR EXTENDED PERIODS OF TIME, OR HAVE A PRE-EXISTING IMMUNE SYSTEM DEFICIENCY.

I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME THE RISK OF INJURY OR HARM IN THE ACTIVITIES AND RELEASE THE RELEASED PARTIES FROM ALL LIABILITY FOR ANY LOSS, COST, EXPENSE, INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE RESULTING DIRECTLY OR INDIRECTLY FROM THE ACTIVITIES.

**Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

**Photographic Release.** I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., and Habitat for Humanity of Douglas County, Minnesota, Inc., all rights, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

**Other.** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY.

To express my understanding of and agreement with this Release, I sign here with a witness.

**Volunteer:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Witness:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, all parents or guardians must complete the "Parental Authorization for Treatment of, and Travel With, a Minor Child" on the following page. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.**

**Parent/Guardian:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Guardian:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION
Name: _____ Relationship: _____
Address: _____
Phone: (H) _____ (C/W) _____ E-mail: _____

**IF APPLICABLE:**

☐ **School/Organization (no abbreviations please):**

\_\_\_\_\_

☐ **Host Affiliate Site:**

\_\_\_\_\_

**OVER**

**PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD**

I, \_\_\_\_\_, am the parent or legal guardian having custody of \_\_\_\_\_, a minor child. As such parent or legal guardian, I hereby authorize and appoint \_\_\_\_\_, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity International, Inc., as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, \_\_\_\_\_, concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

Also, I hereby authorize and appoint my agent to travel with my minor child to \_\_\_\_\_, and consent for my minor child to serve as a volunteer with \_\_\_\_\_, and to help construct houses and participate in other activities on a voluntary basis, without compensation.

1) Parent or Guardian:	Witness:	Date:
2) Parent or Guardian:	Witness:	Date:

This PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD sworn to and subscribed before me by \_\_\_\_\_ and \_\_\_\_\_, the Parent(s) or Legal Guardian(s) of \_\_\_\_\_, a minor child, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Bring form to worksite or mail to:**

Habitat for Humanity of Douglas County  
1211 N Nokomis NE  
Alexandria, Minnesota 56308  
(320) 762-4255  
Fax: (320) 762-1580  
info@hfhdouglascounty.org



**TRANSPORTATION, OTHER FACILITIES & IMAGE RELEASE**

Permission. The undersigned, individually, jointly and severally (“we”), hereby give permission for and authorize transporting ourselves and/or our child or children, namely \_\_\_\_\_, between Pilgrim Point Camp, which is a ministry of the Minnesota Conference of the United Church of Christ (hereinafter the “Conference”), and Luther Crest Bible Camp (“Luther Crest Camp”), which camps are approximately 1.5 miles apart, during the upcoming High School Camp at Pilgrim Point Camp (hereinafter “Camp”) by a bus contracted for or owned and operated by Luther Crest Bible Camp Association, a Minnesota nonprofit corporation doing business as Luther Crest Bible Camp. We also hereby give permission for and authorize our child or children to participate in any and all Camp activities that may be conducted at, and to use any and all equipment and facilities located at or provided by, Luther Crest Camp. We understand and agree said equipment and facilities include, without limitation, a high ropes challenge course, and are the property of, and use of which will be supervised by, Luther Crest Association and not the Conference.

Release. We acknowledge and agree participation in the Camp and its activities and programs, including the above-referenced transportation and use of Luther Crest Camp’s equipment and facilities, entail certain inherent risks, including, but are not limited to, the risks of serious injury and even death. We hereby acknowledge that We and our child or children are voluntarily participating in the Camp and its activities and that We, on and for both our own and their behalf, knowingly assume all such risks. We hereby waive, release, and discharge Pilgrim Point Camp and the Conference, along with their officers, directors, employees, agents, and representatives, from and against any and all causes of action, claims, damages, injuries, liabilities, and/or losses for any personal injury and/or property damage we and/or our child or children may suffer while traveling to and/or from Luther Crest Camp or in the course of participating in any Camp activity that is held at Luther Crest Camp and/or involves use of any Luther Crest Camp equipment or facilities, including, without limitation, use of Luther Crest Camp’s high ropes challenge course. We make this release on behalf of ourselves, our child or children, and our and their respective assigns, beneficiaries, estates, heirs, trusts, and successors.

Medical Care Authorization. In the event that We and/or any of our child or children are injured while being transported or in connection with any Camp activity and need medical care or treatment, we consent to any reasonable medical treatment as deemed necessary by a licensed physician, emergency responder, or health care facility. In the event any medical treatment is called for that a physician, emergency responder, and/or medical treatment facility refuse to administer without our consent, We hereby authorize an adult leader associated with the Camp or with Luther Crest Camp to give such consent for us if We cannot promptly provide such consent, either in person, by telephone at one of the numbers listed below, or if, because of an emergency, there is not sufficient time or opportunity to so contact us for such consent. In the event it becomes necessary for such person to give consent for us, We agree to hold such person and the Conference free and harmless from and against any and all causes of action, claims, demands, injuries, liabilities, and/or losses in any way arising from, connected with, or related to the giving or not giving of consent, so long as the treatment is administered by or under the supervision of a licensed physician, emergency responder, or medical treatment facility. We

also acknowledge that We will be ultimately responsible for the cost of any medical care, whether or not covered, made, or reimbursed by our health insurance carrier or any other third party.

Permission to Use Images. We understand photographs, videos, and other recordings of images or voice may be taken of ourselves and/or our child or children during or in connection with the Camp, such as, without limitation, by the Conference and/or persons not associated with the Conference. We hereby voluntarily authorize and permit the Conference and persons acting on its behalf to take photographs, videos, or otherwise record images and/or the voice of ourselves and our child or children, individually or together, and We hereby authorize and grant the Conference and such persons the perpetual, royalty-free, and irrevocable right and license to reproduce, publish, and use the identity and/or voice of ourselves and/or our child or children and make any other uses of such photographs, videos, or other recordings for any of its purposes, including, without limitation, in displays, newsletters, presentations, publicity materials, websites, and other publications. We hereby waive, release, and discharge Pilgrim Point Camp and the Conference, along with their officers, directors, employees, agents, and representatives, from and against any and all causes of action, claims, damages, injuries, liabilities, and/or losses in any way arising from, connected with, or related to any such photographs, videos, or other images and their uses, including, without limitation, any expectation and/or right to inspect or approve any of said photographs, videos, or other recordings and any privacy, confidentiality, and/or publicity interests, rights, or expectations that We and/or our child or children may have or be entitled to in our identities and/or such photographs, videos, or other recordings.

Indemnification. We hereby indemnify, hold harmless, and agree to defend Pilgrim Point Camp, the Conference, and their officers, directors, employees, agents, and representatives free and harmless from and against any and all causes of action, claims, damages, injuries, liabilities, and/or losses in any way arising from, connected with, or related to transportation of ourselves and/or our child or children between Pilgrim Point Camp and Luther Crest, our and/or our child or children participating in any Camp activity held at Luther Crest Camp or using any Luther Crest Camp equipment or facility, or the taking or use of any photographs, videos, or other recordings taken in connection with the Camp. These indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of Pilgrim Point Camp, the Conference or any of their officers, directors, employees, agents, and/or representatives and shall include, without limitation, such parties' reasonable attorney's fees associated therewith.

The undersigned state and agree We are the only parent(s) or legal guardian(s) of the above-named child or children, We have received sufficient good and valuable consideration for each of the release, permission, indemnification, and other commitments We make through this document, and references herein to "We", "our", "ourselves", and the like mean the parent(s) or guardian(s) of the above named child or children, jointly and severally, and also apply to our and our child(ren)'s respective assigns, beneficiaries, estates, heirs, representatives, trusts, and successors.

Signature of Parents and Guardians:

	_____	_____
Printed Name(s):	_____	_____
Date of Signature(s):	_____	_____
Phone Numbers:	_____	