

Volunteer Participation and Release Agreement
For leaders and members of Service/Work Groups at Camp on the Boulder

Thank you for choosing Camp on the Boulder for your gift of service! You will be a blessing to our Camp, and we pray that you will also be blessed while you are our guests. You will be helping us as we strive to fulfill our mission...*celebrate God's creation while providing an atmosphere, for all to know Jesus Christ.*

We want you to know in advance what kinds of things you may be doing at Camp on the Boulder. In addition to whatever fun activities your leaders plan, you may be serving in any of the following ways...using equipment such as hand tools, climbing up and down ladders with and without supplies, tools, and materials, lifting and moving material and equipment. As you acknowledge, these activities have inherent dangers that no amount of care, caution, instruction, or expertise can eliminate. Please understand that you are not required to do any work which you consider to be unsafe.

Upon recognition of the nature of the work involved and for the opportunity to volunteer with Camp on the Boulder, by signature below, you assume the risk and release and discharge Camp on the Boulder, and its managers, trustees, employees, and agents from liability. You acknowledge that you are in good health, and you have completed a health form for your group leader. You covenant with Camp on the Boulder that you will never individually or as legal guardians of participating individuals, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of activities on behalf of or sponsored by Camp on the Boulder, based on you or your child's participation.

Because we are a Christian camp, serving youth and families, we also require the following... You also affirm that you have never been convicted of, or have charges pending against you concerning any crime involving actual or attempted child abuse or sexual molestation in any jurisdiction. Neither have you ever been involved directly or indirectly in an incident of actual or attempted child abuse, sexual abuse, or any other similar moral impropriety.

You further agree to indemnify and hold Camp on the Boulder harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim you may make action, you take against the camp, or lawsuit you might file against them.

We are excited about having you engaged in this endeavor with us. This is a group activity requiring us to work together as a team. There are others involved as a team and subsequently it is necessary for guidelines to be established and followed so we can be most effective. You acknowledge that you agree to abide by instructions and guidelines provided by Camp on the Boulder for all guests and staff.

We are grateful for your willingness to participate together with us.

I have seen, read, and agree to the above:

Participant's Name (printed): _____

Participants' Signature: _____

Parent/Guardian's Signature: _____

Contact Information: _____

Address: _____

Phone: _____

CAMP ON THE BOULDER
Medical History / Emergency Information & Authorization

Full Name: _____ Gender: _____ Birth date: _____/_____/_____

Home mailing address: _____ City: _____ State: _____ Zip: _____

Home physical address: _____ City: _____ State: _____ Zip: _____

Custodial parent/guardian(s): _____ Home Phone: _____

Home address: _____ City: _____ State: _____ Zip: _____

Work phone: Father: _____ Mother: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Insurance Information: Is the person listed above covered by family medical/hospital insurance? YES NO

If so, indicate carrier or plan name: _____ Group#: _____

Carrier address: _____ Phone: _____

Social security number of policyholder **or** insurance ID number: _____

Special Conditions: Please list any allergies, special diets, or health concerns that the Camp should be made aware:

Immunizations are: Up to Date Not Up to Date Last Tetanus Shot: _____/_____/_____

Current Medications:

_____ dose: _____ when taken: _____ used for: _____

_____ dose: _____ when taken: _____ used for: _____

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Camp Authorization:

The information provided on this form is correct to the best of my knowledge. I am only taking medications listed on this form. I have no known allergies except those listed. I have no physical or mental disability that would impair my time at the Camp, except as noted on this form. I will not hold the Camp on the Boulder, Yellowstone Conference, or Personnel liable for injuries suffered as a result of my voluntary actions.

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the Camp to order x-rays, routine health care, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event of an emergency, I hereby give permission to the physician selected by the Camp on the Boulder Camp Manager or assigned substitute to secure and administer treatment, including hospitalization, for the person named above.

My Signature: _____ Date: _____/_____/_____

Signature of parent or guardian: _____ Date: _____/_____/_____
(if under 18)