

ADULT SPONSOR INFORMATION

Dear Adult Sponsor,

Thank you for loving children enough to volunteer to go to camp with the children from your church. We believe it will have eternal consequences. Adult Sponsors must be Christians of good report and character. Churches must assure that this is so.

A child's Adult Sponsor has great influence over the Christian camping experience. Each Adult Sponsor should be able to share with a child how to become a Christian and to talk with a child concerning his/her relationship to Christ. Adult Sponsors are expected to provide an outstanding example for the children in their actions and in their participation. Adult Sponsors are expected to help control the horseplay, not start it.

Adult Sponsor Screening Form

Every Adult Sponsor is required to complete the Child/Youth Worker Screening Form. Only your pastor will see the completed form. When the form is completed, it is to be given to the pastor of the church that is certifying the Adult Sponsor. The pastor will keep the completed form at the church. The pastor must sign the Church Endorsement on the Adult Sponsor Registration form to verify that he has completed the screening process/form. No Adult Sponsor will be allowed to stay in camp without a signed church/pastor endorsement. It is YOUR RESPONSIBILITY to make sure your Child/Youth Worker Screening Form is turned in and that your Adult Sponsor Registration Form is signed by your pastor.

Number of Adult Sponsors

Churches must provide one Adult Sponsor for each 8 campers of the same gender for grades for grades 3-6 and Youth grades 7-12. (e.g. 9 boys and 1 girl calls for 2 male Adult Sponsors and 1 female Adult Sponsor). For 1-2 Grade Camp churches are to provide one Adult Sponsor for each 5 campers of the same gender. Churches may make arrangements with other attending churches to share Adult Sponsors if a church is unable to send the appropriate number of counselors.

Cabin Assignments

The Camp Director will make all cabin assignments for campers and Adult Sponsors. Each camper will be assigned according to church. All the girls from your church will stay together and all the boys will stay together, however boys and girls will never be staying in the same cabin. Further, there may be multiple church groups staying in the same cabins.

Medication

Adult Sponsors are responsible for keeping and administering medications for both themselves and their campers. DO NOT keep these medications in your cabin. Please keep them locked in your car or at Sierra Lodge.

What to Bring

Sleeping bag or bed roll, pillow, flashlight, casual clothes, warm coat, long pants (it gets COLD at camp), swim suit, towels, soap, toothbrush, Bible, pencil, note paper and other personal items needed for a week at camp.

What NOT to Bring

Radios, CD players, pocketknives, matches and lighters, fireworks of any kind (all fireworks are illegal in this area). Do not bring water guns or water balloons. Do not bring electronic games. Campers may not bring phones and Counselors are discouraged from using them in front of the kids. There is no cell phone service. Camp is not responsible for lost or stolen items.

Baptist District Camp has a NO SMOKING POLICY. Do not bring tobacco products of any kind to camp. Do not bring matches or lighters. This policy includes campers, staff, and Adult Sponsors - everyone.

CHURCH ENDORSEMENT

This section must be completed and signed by **Senior Pastor** of the church you are **registering** with.

1. The Adult Sponsor candidate has completed a "Child/Youth Worker Screening Form" and the form is on file with the church the Adult Sponsor is registering with. YES _____ NO _____
(Without this form on file, worker will not be allowed to serve at Baptist District Camp Board camps.)
2. Adult Sponsor candidate is a mature Christian of good report and character and is an active church member whom this church endorses to be a responsible Adult Sponsor for Baptist District Camp Board camps. YES _____ NO _____

PASTOR _____

CHURCH/CITY _____

BAPTIST DISTRICT CAMP BOARD CHILD/YOUTH WORKER SCREENING FORM

The following policies reflect our commitment to provide protection of all children, youth, and volunteers who participate in Baptist District Camp Board (BDCB) activities.

A new form must be completed each year.

1. Adults who have been convicted of either child sexual or physical abuse, no matter how long ago the conviction, should not volunteer to serve in any BDCB sponsored activity or program for children or youth.
2. Adult survivors of childhood sexual or physical abuse need the love and acceptance of their church family. Individuals who have such a history should discuss their desire to work with children or youth with their pastor prior to engaging in any volunteer service.
3. All adult volunteers working with youth or children during a BDCB event are required to be a member of a church that is a member in good standing with the Central Valley Baptist Association, the Delta Valley Southern Baptist Association, or the Mother Lode Baptist Association.
4. Adult volunteers working with youth or children are required to be members of a church that meets the above qualification for a minimum of six months prior to camp.
5. Adult volunteers must observe the **two adult** rule. This requires that adults are never alone with a child or youth and that another adult is present.
6. Adult volunteers should immediately report any behaviors that seem abusive or inappropriate to the Camp Director and one to the Directors of Missions who is present at camp.

PLEASE ANSWER EACH QUESTION. YOUR RESPONSE WILL BE KEPT FULLY CONFIDENTIAL. ONLY YOUR PASTOR WILL SEE YOUR RESPONSES.

1. As a volunteer for a BDCB sponsored event, do you agree to observe all BDCB policies regarding working with youth and/or children including, but not limited to, the above?
 Yes No
2. Have you ever been convicted of or pleaded guilty to a crime other than traffic tickets?
 Yes (Please describe on the reverse side of this paper).
 No

Please sign and give this form to your pastor.

Signature

Date

Please print name.

Pastor:

Please duplicate this blank form for each child/youth worker from your church going to BDCB camp. You must keep the form on file at the church for a recommended seven years. You must also sign each worker's registration form acknowledging that this form is on file. Not having a completed form could have legal and financial ramifications for your church if an incident happens.

BAPTIST DISTRICT CAMP BOARD — HEALTH INFORMATION & RELEASE OF LIABILITY

Participant Name: (First) _____ (MI) ____ (Last): _____

Address: _____

City: _____ State _____ ZIP: _____

Date of Birth: ____/____/____ Home Phone (____) _____ - _____

E-mail Address: _____

In case of emergency please contact: _____ Relationship: _____

Home Phone (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Other Phone (____) _____ - _____

Address (If different than above) _____

City: _____ State: _____ ZIP: _____

Family Doctor Name: _____ Phone (____) _____ - _____

Insurance Company: _____

Policy or ID #: _____

Are there any physical or medical conditions or restrictions? _____ If so, please explain:

_____ Any known allergies or drug reactions?

_____ Last Tetanus Shot: ____/____/____.

Permission to administer medications (or its equivalent): (Please check)

Tylenol: ____ Ibuprofen: ____ Aspirin: ____ Pepto Bismol: ____ Neosporin: ____ Sudafed: ____

Please list all medications brought to camp. Also, please include the times of administration.

Drug Name: 1. _____ 2. _____

IF MORE ROOM IS NEEDED PLEASE ADD A PAGE

Times to administer: 1. _____ 2. _____

Camper insurance is only applicable after an individual's health and accident insurance policies have been exhausted. In other words, it is only valid when other insurance has been extended to its limits and the deductible is paid.

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury _____ (Initial here).

ADVENTURE RECREATION PROGRAMS & PAINTBALL/AIRSOFT

AGREEMENT TO PARTICIPATE AND ASSUMPTION OF RISK AND RELEASE

Baptist District Camp Board requires all participants in any of the ADVENTURE RECREATION PROGRAMS (collectively, "Programs") to read, understand, and sign this Agreement to Participate and Assumption of Risk and Release form in order to be eligible to participate in any Programs. The Programs include various indoor and outdoor activities, including without limitation, the recreational activity generally described as "Paintball" or "Airsoft". For purposes of this Agreement, this includes without limitations, the rental of equipment and transportation associated therewith.

The undersigned acknowledges that the Programs may involve certain risks and dangers. The undersigned acknowledges and understands that such risks and dangers, include, but are not limited to, the following:

1. Hazards of depending on other people.
2. Hazards of being at various heights (ground to 40 feet).
3. Risks associated with activities that take place outdoors, including without limitations, exposure to the elements, excessive heat, hypothermia, impact of the body upon water, injection of water into body orifices, encountering objects either natural or man-made, exposure to reptiles, insects, and other animals with the attendant risk of attack, kicking, biting, or otherwise moving in an unanticipated manner causing injury and/or death.
4. Risks attendant to the forces of nature.
5. The undersigned's own negligence and/or the negligence of others, including without limitation, operator error and errors in judgment by guides, including without limitation, misjudging terrain, rapids, weather, trails, or route locations.
6. Accidents, illness, and/or personal injury occurring in remote places where there are no available medical facilities.
7. Fatigue, chill and/or dizziness, which may diminish the undersigned's reaction time and increase the risk of accident.
8. Psychological, and bodily damage and/or injury, not excluding fatality due to accident, which may occur resulting from the challenge course experience or participation in other types of activities.

The undersigned further recognizes that in addition to the risks and dangers described above, engaging in the activity of Paintball or Airsoft presents the risk of permanent disability and death, the possibility of equipment failure and/or equipment malfunction, and all other risks attendant to an activity involving high-velocity projectiles.

(Continued on the following page).

While participating in any and all Programs offered by Baptist District Camp Board, including without limitation, Paintball or Airsoft, the undersigned agrees to abide by all the policies and procedures set before them to maintain the utmost level of safety.

TERMS OF RELEASE OF LIABILITY, WEAVER OF CLAIMS AND AGREEMENT TO INDEMNIFY.

In consideration for being permitted to participate in the Programs and any related activities, the undersigned, hereby agrees as follows:

1. The undersigned hereby releases and holds harmless with respect to any and all injury, disability, death, or loss or damage to the person or property of the undersigned, or that of the son/daughter of the undersigned, whether caused by negligence or otherwise, the California Southern Baptist Convention, the Baptist District Camp Board, the Central Valley Baptist Association, Delta Valley Baptist Association, Mother Lode Baptist Association, and their respective officers, directors, employees, representatives, agents, volunteers, successors and assigns (collectively referred to herein as "Releasees").
2. To release the Releasees from liability and responsibility whatsoever and for any claims or causes of action that the undersigned, the son/daughter of the undersigned, or the undersigned's estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releasees or otherwise. By executing this document, the undersigned agrees to hold the Releasees harmless and defend and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, the undersigned is not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

ACKNOWLEDGEMENT BY THE UNDERSIGNED OF EACH OF THE FOREGOING TERMS AND CONDITIONS OF THIS AGREEMENT TO PARTICIPATE AND ASSUMPTION OF RISK AND RELEASE

FOR ADULT PARTICIPANT: In consideration of the above, I, _____, having reached the age of majority, have and do hereby assume all the above risks, including those which are not specifically foreseeable, and will hold Releasees harmless from any and all liability, actions, causes of action, claims and demand of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my participation in the Programs. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol when participating in any Program. I fully understand that my participation in the Programs is entirely voluntary. By signing below, I also give permission to the California Southern Baptist Convention, or the Baptist District Camp Board to use my photograph or likeness in camp video and promotional materials. Additionally, I have read the Release of Liability, Waiver of Claims, and Agreement to Indemnify, as set forth herein above, and I fully understand its terms, and understand that I have given up certain legal rights by signing it and I sign it freely and voluntarily without any inducement.

In the event of any emergency, I hereby give permission to the physician selected by the agent of the Baptist District Camp Board to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery.

Participant Signature Date: _____ Adult

FOR MINOR PARTICIPANT: In consideration of the right to participate in the activities and services arranged for my son/daughter by BAPTIST DISTRICT CAMP BOARD, I assume for my son/daughter all risk and hold Releasees harmless from any and all liability, action, cause of action, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with his/her participation in any Programs. These terms shall serve as a complete release of said entities or persons and a complete assumption on my part of all risk and liability for my son/daughter. By signing below, I also give permission to BAPTIST DISTRICT CAMP BOARD to use my son/daughter's photograph or likeness in camp video and promotional materials.

Additionally, I have read the Release of Liability, Waiver of Claims, and Agreement to Indemnify, as set for herein above, and I fully understand its terms, and understand that I have given up certain legal rights by signing it on behalf of my son/daughter, and I sign it freely and voluntarily without any inducement.

Additionally, I, as Parent, Guardian, or Temporary Guardian with legal responsibility for this participant, do consent and agree not only to release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

In the event of emergency, I hereby given permission to the physician selected by the agent of the Baptist District Camp Board to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery.

Parent or Legal Guardian of Minor Applicant Date: _____

Church Official or Witness Date: _____



**Calvin Crest Conferences ("Calvin Crest")
PHOTOGRAPH, RECORDING, MEDIA CONSENT ("Photo Release")**

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU ARE AGREEING ON BEHALF OF THE MINOR (IF APPLICABLE) AND ON YOUR OWN BEHALF TO RELEASE CALVIN CREST AND OTHER PARTIES RELATED TO IT FROM LIABILITY.

IN CONSIDERATION of the privilege of my and/or the Minor's (defined later) use of Calvin Crest's facilities and participation in Calvin Crest's programs, the undersigned individual states as follows:

MINOR DEFINED: For purposes of this Photo Release, "Minor" is defined as a minor child in the broadest possible sense over which the Adult signing this Release has legal authority and responsibility. This may include but is not limited to, the adult's child by natural-birth, child by legal adoption, child by foster care, child by marriage (step-child), legal ward, juvenile, conservatee, and/or any other relationship whereby an adult accepts legal responsibility for a minor. By signing this Release on behalf of a Minor, I hereby represent I have legal authority to sign on behalf of the Minor identified herein.

PHOTO AND RECORDING ACKNOWLEDGEMENT: I acknowledge that Calvin Crest may take photographs or film or digital recording of me, the Minor, and other participants during Program activities, and I hereby authorize Calvin Crest and its agents to take, use, display, publish, reproduce, and distribute any and all photographs and recordings that include my and/or the Minor's image and to create derivative works based upon all such photographs and recordings, including use in media releases, reports on the findings of the Program, marketing and promotional materials, newsletters, and websites, social media, and electronic communications.

MISCELLANEOUS: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated, and such invalid provision may be modified by a judicial tribunal (including an arbitrator) to make such provision enforceable consistent with the parties' intent in entering into this document. I understand and agree that this document is intended to be as broad and inclusive as permitted under applicable law, and that this document provides the broadest release and waiver of claims as permitted under applicable law.

BY SIGNING BELOW, EACH UNDERSIGNED ADULT PARTICIPANT AND/OR PARENT/GUARDIAN OF THE MINOR PARTICIPANT ATTESTS AS FOLLOWS: I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY;

I HAVE LEGAL RESPONSIBILITY OVER THE MINOR PARTICIPANT, AND, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO ENTER INTO THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK FOR AND ON BEHALF OF THE MINOR; AND I HAVE HAD THE OPPORTUNITY TO REVIEW THIS DOCUMENT WITH LEGAL COUNSEL, IF I WISH, BEFORE SIGNING BELOW.

Print Participant's Name

Age

Participant's Signature
(Parent/Guardian Signature if Participant is under 18 years old)

Date



**Calvin Crest Conferences ("Calvin Crest")
RELEASE OF LIABILITY AND ASSUMPTION OF RISK ("Release")**

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU ARE AGREEING ON YOUR OWN BEHALF TO RELEASE CALVIN CREST AND OTHER PARTIES RELATED TO IT FROM LIABILITY.

IN CONSIDERATION of the privilege of my use and/or the Minor's (defined later) of Calvin Crest's facilities and participation in Calvin Crest's programs, the undersigned individual states as follows:

MINOR DEFINED: For purposes of this Release, "Minor" is defined as a minor child in the broadest possible sense over which the Adult signing this Release has legal authority and responsibility. This may include but is not limited to, the adult's child by natural-birth, child by legal adoption, child by foster care, child by marriage (step-child), legal ward, juvenile, conservatee, and/or any other relationship whereby an adult accepts legal responsibility for a minor. By signing this Release on behalf of a Minor, I hereby represent I have legal authority to sign on behalf of the Minor identified herein.

ASSUMPTION OF RISK: Calvin Crest intends to make me aware, and I understand, that use of Calvin Crest's facilities and participation in Calvin Crest's programs, including, but not limited to, swimming in pools, ponds and lakes; boating, kayaking, paddleboarding; high ropes courses, zip lines, giant swings, and rappelling; biking; archery and archery tag; use of swings and playground equipment; use of the disc golf course; skating; snowboarding; snow tubing; strenuous competition games and physical activity in natural environments; free-time activities of choice (ball games, horseshoes, etc); table games; mountain and wilderness travel; transportation to and from Calvin Crest and to and from camp trips/activities; crafts; rock scrambling, technical rock climbing & climbing wall; golf cart usage (the "Program"), exposes the participant to certain risks, hazards, and dangers, including, by way of example, the risk of personal injury (**including** the risk of permanent disability or death), accidents or illnesses in remote places (without the immediate availability of medical facilities); vehicle accidents; exposure to adverse weather conditions and wildlife; exposure to biting insects and wildlife, including insects and wildlife that may carry disease; malfunctioning equipment such as helmets, life jackets, harnesses, ropes, cables and any equipment provided by Calvin Crest related to any of the above-described activities; malfunctioning camp facilities; slippery and/or uneven surfaces; open, natural water conditions with varying depths and currents; and exposure to infectious sicknesses and diseases, epidemics and pandemics, including COVID-19 (collectively, the "Inherent Risks"). **There may be other risks, which may not be known by me, or predicted and controlled by the Program, and which could result not only in physical, mental, or emotional injury but in social, economic, or other kinds of losses either not known to me or not foreseeable at this time and I acknowledge these are included within the Inherent Risks.** The Inherent Risks may be caused by my own actions or inactions, the actions of others, the conditions in which the Program takes place, or the negligence of the "Released Parties" named below. I also understand that outdoor, recreational and adventure activities require physical exertion, and any participant should be in good physical health. I further understand it is my responsibility to provide adequate clothing for myself to participate. If I am not in good health, I realize this may create additional risk. **I FULLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH INHERENT RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred by me and/or the Minor as a result of participation in the Program.

RELEASE - ADULT AND/OR PARENTS'/GUARDIANS' RIGHTS:

I HEREBY RELEASE, DISCHARGE, AND AGREE NOT TO SUE the Released Parties, and each of them, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I and/or the Minor as a participant may have or sustain, including attorneys' fees and costs, with respect to any and all property damage, economic loss, medical expense, personal injury, and other expense, injury, or

harm, and/or death arising directly or indirectly from participation in the Program, including without limitation any and all of those Inherent Risks described above. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities, **including but not limited to claims for negligence**, loss of consortium and wrongful death, but excepting claims related to gross negligence, intentional and/or willful acts of misconduct.

APPLICATION OF COVENANTS AND UNDERSTANDINGS: The covenants and undertakings of this Release are given for and shall be binding upon my family, heirs, estate, next of kin, executors, administrators, legal representatives, beneficiaries, successors, and assigns.

INDEMNIFICATION: I FURTHER AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS the Released Parties, and each of them, from and against any and all claims, demands, losses, damages, attorneys' fees and costs, expenses, and liabilities made against or incurred by any of them, including those for indemnity, contribution, or otherwise, arising from my and/or the Minor's participation in the Program and the Inherent Risks, whether resulting from claims, actions, or lawsuits asserted by me or by another person against the Released Parties, except to the extent prohibited by applicable law.

COVID-19 TESTING CONSENT: COVID-19 and its variants ("COVID-19") are highly contagious and are spread mainly from person-to-person, potentially through multiple pathways. Calvin Crest has put in place preventative measures to reduce the spread of Covid-19; however, Calvin Crest cannot guarantee that its participants or others, will not become infected with COVID-19.

Depending on guidance and mandates from federal, state, and local government agencies, Calvin Crest may or may not be requiring proof of vaccination and/or negative COVID-19 test prior to the camper attending Calvin Crest. Calvin Crest will be communicating pre-attendance reporting requirements as the camper's camp day approaches.

At a minimum, Calvin Crest will be screening campers and asking them to self-attest that they have not recently demonstrated COVID-19 like symptoms or exposure to others with COVID-19 or COVID-19 like symptoms immediately prior to arriving at Calvin Crest. I understand that some guests may self-report inaccurately and hereby agree to hold harmless and release Calvin Crest from any liability because other guests/campers' self-attestation(s) were inaccurate.

If Calvin Crest is requiring proof of a negative COVID-19 test 48 hours prior to arrival at Calvin Crest, I understand that failure to provide proof of a negative COVID-19 test will result in me being excluded from Calvin Crest. I further understand that COVID-19 tests may provide false negatives and that Calvin Crest does not have the ability to verify that negative COVID-19 tests provided by other guests/campers accurately reflect their COVID-19 status.

I understand that risks associated with COVID-19 cannot be eliminated entirely. I also understand that although reasonable precautions are taken, participants may become infected with COVID-19. I also understand the health risks associated with COVID-19 infection including potential exposure to others. **I expressly agree to accept and assume all risks associated with COVID-19 related to me and/or the Minor's participating in the activities that occur at or around Calvin Crest. I have elected to participate in these activities despite the risks of COVID-19 and this decision is purely voluntary.** I acknowledge that Calvin Crest is taking reasonable measures to prevent the transmission of COVID-19 consistent with applicable public health guidelines. I understand that Calvin Crest reserves the right to conduct testing for exposure of COVID-19; the right to isolate, remove, quarantine, and/or dismiss me for COVID-19 reasons; and to take all reasonable steps to maintain and protect the health and welfare of myself, other guests, staff, and volunteers.

I understand that if I am or the Minor is symptomatic, Calvin Crest is authorized to conduct testing for exposure of COVID-19 through a mid-turbinate nasal swab as ordered by an authorized medical provider. I acknowledge that minimally invasive sample collection methods, such as collection through a mid-turbinate nasal swab, can result in varying levels of discomfort during sample collection. I

acknowledge that, if I or the Minor receive a positive test result, I must ensure that I or the Minor abide by isolation and quarantine policies and all applicable federal, state, and/or local guidance on isolation and quarantine to avoid infecting others. I understand that by signing this document and agreeing that I shall undergo COVID-19 testing, that I am not creating a parenting and parent relationship with Calvin Crest. I understand that Calvin Crest is not acting as a medical provider for me. Testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action with regards to the test results for me. I agree I will seek medical advice, care, and treatment from a medical provider to the extent such medical advice, care and treatment becomes necessary. **I understand that, as with any medical test, there is the potential for false positive or false negative test results to occur.**

COVID-19 TRANSPORTATION POLICY: Guests that test positive for COVID-19 are required to leave Calvin Crest's premises. Calvin Crest urges and strongly recommends that any guests leaving Calvin Crest as the result of a positive COVID-19 test do so in isolation in an effort to reduce the risk of spreading COVID-19 to other members of the guest's group or party during the return trip from Calvin Crest to the guest's residence or medical care facility.

Guests that test positive for COVID-19 should avoid traveling home with large groups, as CDC guidance suggests that prolonged close contact in an enclosed vehicle will increase the risk of infecting other guests with COVID-19.

It is common for groups of individuals to travel to and from Calvin Crest in buses, large vans, carpools, and/or other communal methods of transportation. Traveling in this communal manner with a COVID-19 positive guest is against the advice and recommendations of the CDC and Calvin Crest. Groups that elect to travel communally with a COVID-19 positive guest do so at their own risk and against the policies established by Calvin Crest.

MISCELLANEOUS: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated, and such invalid provision may be modified by a judicial tribunal (including an arbitrator) to make such provision enforceable consistent with the parties' intent in entering into this document. I understand and agree that this document is intended to be as broad and inclusive as permitted under applicable law, and that this document provides the broadest release and waiver of claims as permitted under applicable law.

BY SIGNING BELOW, EACH UNDERSIGNED ADULT PARTICIPANT AND/OR PARENT/GUARDIAN OF THE MINOR PARTICIPANT ATTESTS AS FOLLOWS: I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY;

I HAVE LEGAL RESPONSIBILITY OVER THE MINOR PARTICIPANT, AND, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO ENTER INTO THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK FOR AND ON BEHALF OF THE MINOR; AND I HAVE HAD THE OPPORTUNITY TO REVIEW THIS DOCUMENT WITH LEGAL COUNSEL, IF I WISH, BEFORE SIGNING BELOW.

Print Participant's Name

Age

Participant's Signature
(Parent/Guardian Signature if Participant is under 18 years old)

Date

BAPTIST DISTRICT CAMP HEALTH SCREENING FORM

CAMP DATES _____

CAMPER'S NAME: _____

AGE: _____ DATE OF BIRTH: _____ SEX: M / F

CHURCH/CITY: _____

PARENT/GUARDIAN'S NAME AND PHONE: _____

IF YOU OBSERVE ANY ILLNESS, COMMUNICABLE (INFECTIOUS) DISEASE, OR INJURY AS LISTED BELOW IN THE THREE BOXES, DESCRIBE THE ITEM THAT WAS CIRCLED ON THE LINES PROVIDED BELOW.

A.

B.

C.

ILLNESS (in the last 48 hours)

MAY INCLUDE:
NAUSEA, VOMITING,
DIARRHEA, FEVER, SORE
THROAT, RASH, OPEN
SORES, PINK EYE,
**COUGH NOT RELATED TO
ASTHMA**

**COMMUNICABLE DISEASE
EXAMPLES:**
MEASLES, MUMPS,
RUBELLA, POLIO,
HEPATITIS, TETANUS,
DIPHTHERIA, MENINGITIS,
PERTUSSIS, INFLUENZA,
TUBERCULOSIS
ACTIVE (ON MEDICATION)
OR
INACTIVE (NEGATIVE CHEST X-RAY)

INJURY EXAMPLES:
CASTED FRACTURES,
RECENT HEAD INJURIES,
AND/OR LACERATIONS
THAT HAVE STITCHES OR
STAPLES – **MUST BE
CLEARED BY DOCTOR**

If any items are circled in either column A or B please have the individual refrain from coming to camp.

*ALL ABOVE INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SHARED WITH CAMP STAFF OR YOUR CHURCH COUNSELOR, IN ORDER TO PROVIDE ADEQUATE HEALTH CARE FOR YOUR CHILD WHILE AT CAMP. THANK YOU.

SIGNATURE OF HEALTH SCREENER: _____ Date _____

Official Use:

Reviewed / / Supervisor _____