

## **Parent Information**

Welcome to Baptist District Camp! Our Camp Program takes place at Calvin Crest in Oakhurst, CA. The Baptist District Camp Board is a group of delegates representing three Southern Baptist associations: Central Valley Baptist Association, Delta Valley Baptist Association, and Mother Lode Baptist Association. Our goal is to give your child an enriching Christ-centered experience in a safe, supportive atmosphere. Check out the list below to see our rules and suggestions for making your child's camp experience as much fun as possible.

**Labels and Medication:** See that your child comes prepared for camp. Look at the "Camper Information" below and help your child bring the items he or she needs. Please label ALL clothes, sleeping bags, anything that your child brings to camp with his/her first and last name. Label any medications clearly and give them directly to your Adult Sponsor; they will be responsible storing and administering all medications.

**Cabin assignment:** All cabin assignments for campers will be made by Camp Director. Each camper will be assigned according to gender and church group, however, large church groups may be separated due to limited space. Multiple churches may also share cabins.

**Forms:** Complete all of the forms needed as fully as possible. All of the questions asked are for your child's safety.

**Fees:** Please pay camp fees to your church before coming to camp. **NO PERSONAL CHECKS WILL BE ACCEPTED AT CAMP;** we accept only checks from participating churches.

**Visits and Calls:** We ask that you do not visit your child while he/she is at camp. We also ask you do not call your child at camp unless it is an emergency. Calls from home tend to make campers more homesick. In special cases, provisions can be made with your Adult Sponsor. Check with your church if you would like to attend camp as an Adult Sponsor. We would be happy to see you and work with you in this capacity.

Your child will not be allowed to leave camp with anyone except the church group with which he/she came unless the parent or guardian who signed the his/her registration form come personally and get him/her (Photo ID must be shown). If you must take your child home early, please notify the Camp Director before you come up so that we may prepare your child for leaving with as little alarm for your child and the other campers.

**Emergency Contact:** In case of an emergency, please contact your Adult Sponsor (There should be reception) or the Calvin Crest Camp Office at (559) 772 - 4040.

## **Camper Information**

We are planning an exciting Camp for you. To make your camping experience the best it can be, please read and follow the information on this paper.

**What to bring:** Sleeping bag or bed roll, pillow, flashlight, casual clothes, warm coat, long pants (it can get COLD at camp), closed toed shoes, swim suit (modest suits only), towels, soap, toothbrush & toothpaste, Bible, pencil, note paper and other personal items needed for a week at camp. A change of shoes is a must. Label every thing you bring with your first and last name.

**Do not bring:** Cell phones, tablets, water guns, water balloons, pocket knives, matches or lighters, fireworks of any kind.

**Spending Money for Kids Camp:** Spending money for Children's Camps will be monitored by the directing staff to assure that money is not lost or stolen. Besides money for camp store, each camper is encouraged to share in the MISSION OFFERING for the Camp Missionary.

**When Camp is over:** Camp is not over until all cabins and grounds are clean and have passed inspection. Any exception to leaving earlier must be cleared by Camp Director.

Please give a copy of this information sheet to each parent

BAPTIST DISTRICT CAMP  
**CAMPER REGISTRATION FORM**

This sheet is due at registration upon arrival at camp. We can't wait to see you!

**PLEASE PRINT**

CAMP: (select one)     1-2 GRADE CAMP     CHILDREN'S CAMP     YOUTH CAMP     COLLEGE RETREAT

**CAMPER**

NAME \_\_\_\_\_  
LAST FIRST NICK-NAME (If first name is not used)

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_    SEX (Circle One) **F** **M**    CAMPER WAS IN GRADE \_\_\_ ON MAY 1ST

T-SHIRT SIZE (Circle One)    YOUTH: **S** **M** **L** **XL**    ADULT: **S** **M** **L** **XL** **XXL** **XXXL**

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS (For adult campers): \_\_\_\_\_

**PARENT(S) OR GUARDIAN(S)**

NAME \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_  
LAST FIRST

OTHER PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_  
LAST FIRST

OTHER PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHURCH MEMBER? YES \_\_\_ NO \_\_\_    IF YES, NAME OF CHURCH \_\_\_\_\_

REGISTERING WITH \_\_\_\_\_ CHURCH OF \_\_\_\_\_ (please give city)

IN CASE OF EMERGENCY, IF PARENT/GUARDIAN IS UNAVAILABLE, PLEASE NOTIFY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

Parent/Guardian agrees that all payments are not refundable once camp has begun. No refund will be available to campers who leave camp before it is over. Parent/Guardian agree that, for the use of promotional and social media purposes, the BDCB may use any audio, video or photography of any camp participants.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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.
<b>ILLNESS (in the last 48 hours)</b>  <b>MAY INCLUDE:</b> NAUSEA, VOMITING, DIARRHEA, FEVER, SORE THROAT, RASH, OPEN SORES, PINK EYE, <b>COUGH NOT RELATED TO ASTHMA</b>	<b>COMMUNICABLE DISEASE EXAMPLES:</b> MEASLES, MUMPS, RUBELLA, POLIO, HEPATITIS, TETANUS, DIPHTHERIA, MENINGITIS, PERTUSSIS, INFLUENZA, <u>TUBERCULOSIS</u> ACTIVE (ON MEDICATION) OR INACTIVE (NEGATIVE CHEST X-RAY)	<b>INJURY EXAMPLES:</b> CASTED FRACTURES, RECENT HEAD INJURIES, AND/OR LACERATIONS THAT HAVE STITCHES OR STAPLES – <b>MUST BE CLEARED BY DOCTOR</b>

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 JENNESS PARK 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 \_\_\_\_\_