

CAMP EDEN REGISTRATION RETREAT FORM

Male Female Age _____ Birthdate _____
Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell Phone _____
Email _____
Home Church _____

Yes No Are you 18 years of age or older?

*If you answered no to the above questions, please contact the camp office for additional forms.

Emergency Contact #1
Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell Phone _____
Relation _____

Emergency Contact #2
Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell Phone _____
Relation _____

CAMP EDEN RELEASE FORM

While we make every effort to provide a safe and pleasant environment for every camper who attends Camp Eden we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Camp Eden.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, my spouse, or my child while participating in Camp Eden activities.

I give permission for my child to participate in activities that occur at Camp Eden. These activities may include, but are not limited to, swimming in the lake, rock climbing and/or rappelling, hiking, zipwire, archery, riflery, and strenuous competition games.

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

For promotional or marketing purposes, Camp Eden reserves the right to use any audio, video, and/or photography of guests or campers participating at Camp Eden facilities.

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

Should Camp Eden, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Camp Eden harmless for all such fees and cost.

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

Signature _____ Date _____

MEDICAL INFORMATION

Are there any past or current medical or behavior problems that should be brought to the attention of the camp staff?

Are there any allergic conditions (medications/food/other) that should be brought to the attention of the camp staff?

We may NOT be able to accommodate special dietary needs. Individuals should contact both their group representative and Camp Eden. Individuals are responsible to supplement any additional foods needed.

Are there any activities in which this camper should not participate?

IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for myself. I am immunized against the following according to H.E.W. standards: polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, and Whooping Cough. (Please notify the camp if you has been exposed to any communicable disease during the two weeks prior to camp attendance.)

Insurance Company _____

Policy Number _____

I am not covered by insurance.

Signature _____