



Camp Session: _____

Off-site Activity Permission and Release for Fall Retreats

As a camper, I am aware in signing this statement for participation in the Lake James Christian Assembly Inc.(LJCA) above programs that certain activities are physically demanding. Therefore, physical fitness will increase my enjoyment and ability to participate in the activity. If for any reason I question my ability to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered are slipping or falling, bumps, bruises, cuts, sprains, fractures, or other injuries. Please note that some activities are conducted in the out-of-doors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. Winter Camp may include the following activities: Sledding, broom ice hockey, tobogganing, indoor swimming, bowling, skating, and skiing. The instructors of the activities will take every reasonable precaution to minimize exposure to known risks, however, as a participant I acknowledge the nature of the activity and the fact that not all the stresses and hazards connected with the activity can be foreseen. I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. If at any time I have questions about the activity, I have the responsibility to consult with your instructor.

As a parent, I recognize that there is a significant element of risk in any adventure, sport or activity associated with winter sports. Knowing the inherent risks, dangers and rigors involved in the activities, as listed above, I certify that my child named below is fully capable of participating in the activities. I assume full responsibility for my child for bodily injury, death, loss of personal property, and expense thereof, as a result of my child participating in the above programs sponsored by Lake James Christian Assembly Inc. I understand that some of these activities may be offsite and give permission for my child to be transported to and from these activities. I authorize LJCA to provide a copy of this form for release purposes to cooperative off-site agencies. I also authorize LJCA to take and use any photographs or videos of the camper named on this application as may be needed for its records or public relations programs. In Case of Emergency: I hereby give permission to LJCA to hospitalize, secure treatment for and to order anesthesia or surgery for my child named below. I understand however that every effort will be made to contact me in case of such an emergency, if possible, before any such medical treatment is administered. I hereby release Lake James Christian Assembly Inc. from any responsibility other than normal supervision and care. In case of accident, I will not hold Lake James Christian Assembly Inc, its staff, faculty, management or officers liable. **I Understand Camp Accident Insurance is Secondary. (Signature of parent or guardian and camper must be on this form before the registration will be processed.)

Signature of Camper _____ Date ____/____/____

Signature of Parent or Guardian _____ Date ____/____/____