

JENNESS PARK CAMPER INFORMATION FORM

(To be completed by ALL CAMPERS, if Camper is under age of 18 document must be signed by parent or guardian; both sides must be completed in full)

Group Name: _____ Dates of Camp: ___/___/___ - ___/___/___

Contact Information:

Name of Camper: _____ Age: _____ Date of Birth: ___/___/___ Sex (check): Male Female

Parent/Guardian of Camper: _____ Email Address: _____
Last First Last First

_____ () _____ () _____
Street Address City State Zip Home Phone Cell Phone

Emergency Contact: _____ () _____ () _____ ()
Home Phone Cell Phone Work Phone

Family Doctor: _____ () _____ Insurance Company: _____ Policy #: _____
Office Phone

JENNESS PARK'S INSURANCE IS ONLY SECONDARY INSURANCE, AND BEGINS WHERE CAMPER'S HEALTH AND ACCIDENT INSURANCE POLICY TERMINATES, AND IS ONLY VALID WHEN OTHER INSURANCE HAS BEEN EXTENDED TO ITS LIMITS AND DEDUCTIBLE(S) PAID.

Health History:

Does the Camper have any physical, mental or other medical conditions and restrictions? If so, please explain: _____

Does the Camper have any known allergies to food, medication, insect bites or other allergens? If so, please explain: _____

Date of Last Tetanus Shot: ___/___/___

If Camper is under the age of 18, I, the undersigned parent or legal guardian, give Jenness Park permission to administer the following medication (or its generic equivalent) to Camper (check all that apply): Tylenol Ibuprofen Aspirin Benadryl Pepto Bismol Neosporin Sudafed

Camper is responsible for bringing to Camp all regularly required medications and dosages: Please list all medications brought to Camp:

<i>Name of Medication:</i>	<i>Frequency and Dosage Schedule:</i>
1. _____	_____
2. _____	_____
3. _____	_____

MEDICAL RELEASE:

If I, the undersigned, am injured as a Camper or cannot be reached in an emergency involving my child during the camp dates show above, I hereby authorized Jenness Park to give consent and agree, on my behalf, to pay for any emergency medical or dental care for me or my child under Family Code section 6910, as the case may be. This authorization includes the authority to give consent and agree, on my behalf, to pay for any injection, anesthesia, surgery or orthodontic care deemed necessary by, and to be rendered under the general or special supervision of a qualified physician, surgeon or dentist. I also authorize the health supervisor on duty at Jenness Park to administer medical aid as required for illness of or injury to me or my child.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper Printed Name Date

Signature of Witness Printed Name Date

JENNESS PARK

ASSUMPTION OF RISK AND LIABILITY RELEASE

TO BE COMPLETED BY THE ADULT CAMPER OR THE PARENT OR LEGAL GUARDIAN OF ANY CAMPER UNDER THE AGE OF 18.

1. Voluntary Participation/Permission. I, the undersigned, am (check one) a Camper of at least 18 years of age or the parent or legal guardian of the minor Camper named on the preceding page. I acknowledge that I have voluntarily applied, or authorized my child to participate in the Camp Activities that occur at, on or around Jenness Park. I understand that these "Camp Activities" include, but are not limited to, swimming in the lake, boating, adventure recreation, archery, paintball, go karts, strenuous competition games, and other camp activities and exercises. I understand that I minimize my risk of injury as I AGREE TO FULLY COMPLY WITH ALL RULES AND DIRECTION BY STAFF FOR ALL CAMP ACTIVITIES. I AGREE TO WITHDRAW FROM ANY CAMP ACTIVITY SHOULD I BECOME AWARE OF ANY UNUSUAL HAZARD WHICH ENDANGERS THE SAFETY OF ANY PARTICIPANT, AND TO REPORT IT IMMEDIATELY TO CAMP STAFF. I HAVE FULLY DISCLOSED ANY PHYSICAL OR MENTAL CONDITION THAT MAY LIMIT MY PARTICIPATION AND I WILL NOT PARTICIPATE IN ANY CAMP ACTIVITIES AGAINST MEDICAL ADVICE. I accept full responsibility for any injury or accident to me or my child, as the case may be, that may occur as a result of my participation or my child's participation in any of the Camp Activities or attendance at Jenness Park.

2. Assumption of Risk. I AM AWARE THAT THE CAMP ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES OR PERMITTING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AS THE CASE MAY BE, WITH KNOWLEDGE OF THE DANGER INVOLVED. I FURTHER HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME OR MY CHILD, AS THE CASE MAY BE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. Release. As consideration for me or my child being permitted by Jenness Park and the California Southern Baptist Convention to participate in the Camp Activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Jenness Park or the California Southern Baptist Convention, or any of their respective employees, directors, officers, or agents, on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of Jenness Park or the California Southern Baptist Convention as a result of my participation in any of the Camp Activities.

4. Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND JENNESS PARK AND THE CALIFORNIA SOUTHERN BAPTIST CONVENTION, AND SIGN IT OF MY OWN FREE WILL.

5. Use of Media. I acknowledge and agree that for promotional or marketing purposes, Jenness Park may use any audio, video, and/or photography of guests or Campers, which may include me or my child, participating in the Camp Activities or otherwise present at Jenness Park.

6. Arbitration. I hereby agree to submit any dispute arising from participation in Camp Activities to binding arbitration. Submission shall be unlimited. There shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator appointed by each party) and one neutral arbitrator to be chosen by the party-appointed arbitrators. The neutral arbitrator shall be an officer or director of any Christian Camp & Conference Association (CCCA) member camp. Should the two party-appointed arbitrators fail to agree on the neutral arbitrator, the neutral arbitrator shall be appointed by the California Eastern District Court, Fresno, CA using the criteria set forth herein. Each party shall pay its own costs, including its party-appointed arbitrator, and share equally the costs of the neutral arbitrator. The arbitration proceedings will take place in Fresno, CA and shall be governed by the Federal Rules of Evidence. The panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve the dispute.

7. Indemnity. Should Jenness Park and/or the California Southern Baptist Convention, or anyone acting on their behalf, incur any loss, liability, damages or attorneys' fees and costs to enforce this Release, I agree to indemnify and hold Jenness Park and the California Southern Baptist Convention harmless for any such loss, liability, damages, or attorneys' fees and costs.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT IF THERE ARE ANY INJURIES OR PROPERTY DAMAGE 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 JENNESS PARK OR THE CALIFORNIA SOUTHERN BAPTIST CONVENTION ON THE BASIS OF ANY CLAIM WHICH HAS BEEN RELEASED HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, HAVE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.

If you would not like to receive Jenness Park newsletter and other printed materials, please check the box.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper

Printed Name

Date

DECLARATION OF WITNESS

I certify that the signatory set forth above acknowledged in my presence that he/she read and fully understood the meaning and consequences of the foregoing ASSUMPTION OF RISK AND LIABILITY RELEASE, and signed it in my presence.

Signature of Witness

Printed Name

Date