

StudentLIFE

# studentlife camp

Helping people know Christ  
through His Word

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## Student Checklist

### STUFF TO BRING

- A fantastic attitude and a desire to draw near to God
- Casual clothing for three days (Shorts that meet our standards and pants are acceptable for all meetings, including worship.)
- Closed-toe shoes
- Sheets, a blanket, a pillow, sleeping bag, etc. (unless told otherwise)
- Beach towels for Water Day
- Personal hygiene items
- Spending money for snacks, T-shirts, CDs, etc.
- \$10 key deposit
- Alarm clock
- Watch
- Bible, pen, notebook, etc.

### STUFF NOT TO BRING

- Spaghetti strap tops or small tank tops
- Tight clothes
- "Short" shorts or skirts (Stand with your arms by your side. If your fingertips are touching skin, your shorts or skirt should be longer for camp.)
- Bikinis or two piece bathing suits (unless covered with a DARK T-shirt)
- Speedos
- Cell phones, iPods, mp3 players or video games
- Tobacco, drugs, alcohol or weapons
- Fireworks
- Water balloons
- Clothing with questionable sayings, slogans, etc.

## Things We Have An Understanding About

### **DRESS**

At camp we are all part of an environment where we are trying to remove distractions so that we can concentrate on what God has brought us there to do. Don't be a distraction by dressing inappropriately. Should you choose to draw attention to yourself by dressing inappropriately, you will be asked by a staff member to change clothes. Dress should be representative of who we are as Christian students and adults.

### **DAMAGES**

Be aware that you are personally responsible for all damages to any facilities, including dorm rooms. If damages occur, disciplinary action will be taken, and your church will be billed for the cost of repairs. No food or drinks are allowed in the auditorium and meeting rooms.

### **CAMPUS**

Everyone is expected to attend all meetings. This means that everyone should be doing what everyone else is doing. Do not leave the campus. "Lights out" means that all students should be in their rooms and lights should be out. NO GUYS in girls' dorms or rooms. NO GIRLS in guys' dorms or rooms.

FOR OFFICE USE ONLY  
Code: \_\_\_\_\_  
Team: AQU BLU BRN  
      ORG YLW



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## Waiver & Release

*All participants in Student Life Events must have a signed and notarized Waiver & Release Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian. This form cannot be faxed or mailed to the Student Life office. It must be brought to registration.*

Name of Church: Crescent Creek Community Church City/State: Raytown, MO

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Camp Location (herein after "camp location"): Windermere Conference Center, Roach, MO

### Event attending:

- Student Life Camp     Student Life Mission Camp     Student Life @ The Beach  
 Student Life For Kids Camp     Student Staffer (Volunteer)

### Please check which one best describes the attendee (more than one may apply):

- Student     Family Group Leader     Student Leader  
 Adult     Youth/Children's Minister

**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release / Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Student Life, Inc., and camp location (including colleges, universities and conference centers), its directors, employees, agents, volunteers, and affiliates ("Student Life" and "camp location") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify Student Life and camp location for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not Student Life and camp location, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Student Life and camp location from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Student Life and camp location events.

**Missions Authorization Addendum** – I acknowledge that during my (or my child's) participation in Mission Camp or as a Student Staffer volunteer that certain risks do exist. These include, but are not limited to, the hazards of being in a construction type setting, travel by automobile, the risks involved in leading recreation games and those existing because of content of these programs. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in these programs.

**Student Life @ The Beach Authorization Addendum** – I acknowledge that during my (or my child's) participation in Student Life @ The Beach that certain risks do exist. These include, but are not limited to, the hazards of public beaches, travel by automobile or shuttle service, public condos and hotels, recreation activities and swimming in the ocean. In consideration of this acknowledgment, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in this program.

**Camp Location Recreation Addendum** - The recreation programs at summer event locations strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics. You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to [www.studentlifecamp.com](http://www.studentlifecamp.com) and follow the specific location Recreation Program link.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Student Life and camp location. Student Life and camp location, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Copy to Camp Location.** It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp location.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

**Please check, which applies:**

Parent/Guardian                       Attendee 19 years of age and older

Signature: \_\_\_\_\_

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Your Name: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Notary Information**

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, Signature \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

# CRESCENT CREEK COMMUNITY CHURCH

## Medical Release Form/ Permission to Treat

Name of Church: Crescent Creek community Church

City/State: Raytown, MO

Name: \_\_\_\_\_ Social Security

#: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex

(M/F): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work

Phone: (\_\_\_\_) \_\_\_\_\_ Secondary contact to notify in event

of emergency: \_\_\_\_\_ Their relationship to

you: \_\_\_\_\_ Their phone: (\_\_\_\_) \_\_\_\_\_

Please supply ALL of the following information. Attach a copy of your insurance

card. Medical Insurance Co.: \_\_\_\_\_ Group# \_\_\_\_\_

Policy#: \_\_\_\_\_ Company's address: \_\_\_\_\_ Company's

Phone: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Family Physician's

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Physical

Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic

to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you to Camp (Prescription meds MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian

Date

**The following to be completed by the notary witnessing parent/guardian's signature.**

The State of \_\_\_\_\_ the County

of \_\_\_\_\_ Before me, a Notary Public, on this day  
personally appeared \_\_\_\_\_ known to me (or proved to me on  
the oath of \_\_\_\_\_) to be the person whose  
name is subscribed to the foregoing instrument and acknowledged to me that he  
executed the same for the purpose and consideration therein expressed. Given  
under my hand and the seal of the office this  
\_\_\_\_\_ day of \_\_\_\_\_,  
A.D. \_\_\_\_\_.

Notary Public, Signature

\_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_,  
A.D. \_\_\_\_\_.



# Windermere Baptist Conference Center ASSUMPTION OF RISK & AGREEMENT TO PARTICIPATE

**In order to participate this form MUST be completed and brought to Windermere.**

**Background information:** Project Adventure, Inc. conducted a 15 year challenge course safety study and has the following information concerning the accident rate per million hours of use: Challenge Course (15 year study), 3.67; Challenge Course (10 year study), 5.13; Physical Education Classes, 9.6; Outward Bound (outdoor recreation), 37.5; Automobile Driving, 60.0. In essence, when a challenge course is operated by trained, qualified facilitators, people participating in activities at the course are less likely to receive injuries than people participating in sports activities or a physical education class.

The Windermere Challenge Course (The Edge) was constructed by a professional Challenge Course company according to nationally recognized industry standards, is inspected annually by the same company, and is run by certified instructors. Participation is encouraged according to the "Challenge by Choice" concept.

As I wish to be accepted for participation at The Edge, and in consideration of Windermere's action in allowing me to participate in the program, I acknowledge that during my participation certain risks and dangers do exist. These include, but are not limited to, the hazards of being in a wilderness type setting, the forces of nature, other acts of God, travel by air, boat, automobile, or other conveyance, and those existing because of the content of this program (such as the hazards of depending on other people; and being at various heights ranging from ground level to 50'). In consideration of these activities and environment, I have, and do hereby assume all risks associated with participation at the Edge and will hold harmless Windermere, its directors, officers, employees, or agents for any accident which may occur while participating in a program at The Edge. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family.

I fully understand that my participation in activities at The Edge involves risks of injury and my participation in any program is voluntary. I give my permission for Windermere to obtain medical attention for me in the event that is necessary.

### HEALTH INFORMATION

Have you had or do you currently have any of the following conditions? (Please check all that apply):

- |                                              |                                    |                                                 |
|----------------------------------------------|------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> heart attack        | <input type="checkbox"/> stroke    | <input type="checkbox"/> pregnancy              |
| <input type="checkbox"/> chest pain/pressure | <input type="checkbox"/> diabetes  | <input type="checkbox"/> major surgery          |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> seizures  | <input type="checkbox"/> knee/ankle problems    |
| <input type="checkbox"/> asthma              | <input type="checkbox"/> allergies | <input type="checkbox"/> back/neck/arm problems |

Are you currently taking any medications? (Yes) (No) If yes, please list: \_\_\_\_\_

Group: Crescent Creek Community Church Date: \_\_\_\_\_

**Participant's Name and Signature:** \_\_\_\_\_

(Printed Name)

(Signature)

Participant's Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Signature of parent or guardian if participant is under 18**