



## Guest Information & Recreation Release Form

The Camp Zephyr guest information & recreation release form must be signed and initialed with no additions, deletions or changes, for the participant to take part in Camp Zephyr recreation activities. We want to make sure you understand the risks in these activities and have carefully thought through your willingness to participate. It is required that you read the following very carefully, make sure you understand it, and sign it on your behalf or on behalf of your minor child before participation in the activities begins.

**Participant Name (please print):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**What church/organization are you attending Camp Zephyr with?** \_\_\_\_\_

I understand the nature of this activity and I am qualified, in good health and in proper physical condition to participate in such activities. I acknowledge that if I believe event conditions are unsafe I will immediately discontinue participation in the activity.

**Do you have any health problems or disabilities (fainting spells, asthma, heart trouble, convulsions, etc.) that may affect your ability to participate in the Camp Zephyr recreation activities?**

**If yes, please explain:** \_\_\_\_\_

Please provide the following information in case of emergency:

**Person to contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**List of allergies, if any:** \_\_\_\_\_

**Medication(s) currently taking:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health/Medical Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Photo Release:** I am aware of the fact that photos of myself or your minor may be taken during the week by camp staff, which may appear in future camp publicity or camp website. By signing this, I give the camp permission to use these photos, aware of the fact that myself or your minor WILL NOT be identified in any such photos

If this is unacceptable, I will so state that fact here by writing "NO" in the space provided: \_\_\_\_\_

**Release Of Liability Declaration:** I am aware that during my participation at Zephyr, upon my request, certain risks and dangers may occur. These include, but may not be limited to the Zephyr Challenge Course and other recreation activities. I have and do hereby assume all risks and will hold staff, officers, and trustees harmless from any liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my participation in any activities arranged for me by Zephyr and its staff. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators, and for all members of family. I hereby give my authority and consent to medical treatment and surgical treatment as may be needed in the judgment of the treating physician, for my child by a physician chosen by the Zephyr Administrator or an employee working under him. I understand twenty-four hour first aid is available. I further understand that limited secondary accident and illness coverage is provided. In case of an accident or illness, Zephyr will attempt to provide first aid and arrange transportation to medical services, if needed. Zephyr does have limited secondary medical insurance. Furthermore, I understand that Zephyr's guidelines and policies are available on their website, [www.campzephyr.org](http://www.campzephyr.org), and I may access these at any time. **Initial for Release Of Liability Declaration Approval:** \_\_\_\_\_

**Paintball Release:** The Zephyr Paintball Course activity at Camp Zephyr that you have signed up for involves physical and emotional demanding activities in an outdoor setting. I am aware that risk of injury from the activity and weaponry involved in paintball is significant, including the potential of permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist. I understand the rules of play and will comply with all rules and regulations. I fully understand and acknowledge that risks and dangers exist in my use of paintball equipment and my participation in paintball activities. I also, understand that I am financially responsible for any lost or stolen rental equipment that the above participant rents from Camp Zephyr. **Initial for Paintball Release Approval:** \_\_\_\_\_

\_\_\_\_\_  
Participant Signature (all participants, even minors, must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature - if participant is younger than 18

\_\_\_\_\_  
Date



STUDENTS

**Transportation Waiver and Medical Release**

This agreement is entered into between Church Unlimited and the undersigned Parent with respect to their child/children's attendance at Summer Camp at Camp Zephyr on June 5 - 9, 2017, specifically including travel from the Church Unlimited campus at 7451 Bay Area Dr., Corpus Christi, TX 78415 to Camp Zephyr in Mathis, Texas. In consideration of such participation, Parent agrees as follows: Parent consents on behalf of Parent and Parent's child/children for them to ride in a chartered bus not owned or operated by Church Unlimited for the purpose of traveling to and from Camp Zephyr in Mathis, Texas on June 5 & 9, 2017. On behalf of Parent and Parent's child/children, Parent hereby expressly assumes all risk of loss, injury or death which may result from or arise out of Parent's child/children riding or traveling to Camp Zephyr as set forth above. On behalf of Parent and Parent's child/children, Parent agrees to release, relieve, indemnify and hold harmless Church Unlimited (including its directors, officers, agents, employees, and volunteers) against any and all claims, demands, damages, judgments, costs and expenses, including reasonable attorney's fees for the defense of such claims and demands, arising out of or in any way connected with Parent's child/children's travel as set forth above, regardless of whether such claims, etc. arise in transit or at the destination. Parent is aware that this form contains a release of liability and indemnity agreement which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will. Parent expressly agrees that the foregoing waiver of liability, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, hereby certify that I am the parent/legal guardian of:

Participant's Name \_\_\_\_\_

I do hereby give my consent to Church Unlimited to allow him to travel to this event. I have read the foregoing waiver, assumption of risk and indemnity agreement and agree to be bound by the terms, condition and limitations set forth herein.

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I also understand as the parent / guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my control. In the event there arises an emergency, necessitating medical / surgical attention, I expressly grant my permission and consent to the **Church Unlimited** Staff, its representatives, sponsors or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Church Unlimited or its representatives, and the sponsors, and or any attending physician, from any and all actions, causes of actions, related risks, and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume responsibility for any damage my child may cause, and for providing transportation home should it become necessary for discipline reasons. I also give Church Unlimited staff, and all representatives to search my child's belongings if deemed necessary on rare occasion for security reasons.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_,

