CAMP MICHAEL REGISTRATION FORM

__Couples Retreat __Ladies Day __Men's Retreat
__Purity Conference __Teen Fun Fest __Young Adult Retreat
__Rental

CAMPER INFORMATION

Name _____
First Last

Birthdate ___/___/___ __Male __ Female Grade _____

Spouse _____

Address _____

_____
City State Zip

E-mail _____

Phone: Home (_____) _____

Cell (_____) _____

Home Church/City _____

Participation, Release, Waiver & Indemnity Agreement

(Waiver must be read, signed and dated for all attending. If you are 18 or older you must sign your own.)

While we make every effort to provide a safe and pleasant environment for every camper who attends Camp Michael, 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).

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, or my child while participating in Camp Michael activities on grounds or scheduled events off grounds. I give permission for my child to participate in activities. These activities may include, but are not limited to, swimming, boating, fishing, archery, riflery, strenuous competition games, and/or scheduled events off grounds.

Although Camp Michael has taken reasonable steps to provide equipment and skilled employees so yourself, 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.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Camp Michael, 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 Michael or during any scheduled event participating in off grounds. This release does not apply to intentional and/or willful acts of misconduct by Camp Michael or any of its officers, board, agents or employees.

Should Camp Michael, 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 Michael 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 Michael 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_____
(You must sign your own waiver if you are 18 or older.)

ADDITIONAL INFORMATION

Parent/Guardian Information

Name_____

Relationship _____

E-mail _____

Emergency Phone Contacts

Day (_____) _____

Night (_____) _____

Medical Information

Health or Behavioral conditions (Ex. Epilepsy, bed-wetting):

_____

Drug Allergies or other Allergic reactions: _____

_____

Medication Taken Regularly (**original container only**):

_____

I give permission for my child to attend Camp Michael. I give permission to Camp Michael to perform the routine daily medical care of my child. In the event of an emergency I hereby give permission to the physician selected by Camp Michael to secure proper treatment, (including hospitalization if deemed necessary), order injection, anesthesia, x-ray, or surgery for my child. In case of accidental injury camper's health insurance will be primary carrier and Camp Michael will be supplemental. I understand that Camp Michael will only release my camper to the persons mentioned above unless otherwise informed by parent or guardian. I also realize that my camper's picture or testimony may be used in the promotion of the camp.

Insurance Company: _____

Policy Number: _____

Parent's Signature

_____

Date_____

CAMP MICHAEL
6103 EWALT ROAD
IMLAY CITY, MI 48444
810-724-6966
www.campmichaelmi.com

STATE REQUIRED
Children under 18 complete entire form, adults complete left side.