

Pioneer Memorial Church FLAG Camp



8655 University Blvd., Berrien Springs, MI 49103

Phone: 269-471-3133 Fax: 269-471-6152

CONSENT AND ASSUMPTION OF RISK

I acknowledge that there is an inherent risk of injury in the following planned activities that my child may participate in: roller skating, bowling, camping, tubing, swimming, water skiing and canoeing along with the travel for field trips away from camp. I hereby assume full responsibility and risk of injury, death, property damage, any loss or liability, and any cost that may be incurred as a result of participation in the referenced activities. I agree to indemnify and hold harmless Michigan Conference of Seventh-day Adventists (Michigan Conference), its employees, representatives, affiliates and agents from any claims, actions or liabilities (including reasonable attorney fees), for any occurrences which result in any injury, illness, accident or harm of any kind to my child while participating in the referenced activities. I also expressly agree to release and discharge Michigan Conference, its employees, representatives, affiliates and agents from any act of omission or negligence in rendering or failing to render any type of emergency or medical service. I fully recognize and understand that I am giving up my right to make a claim or file a lawsuit against Michigan Conference even if it negligently or by some other act or omission causes injury or damage to my child. I agree that this Release of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion therefor is held to be invalid, the balance of the Agreement shall continue in full legal force and effect. I voluntarily agree that said minor may participate in the referenced activities and initial on their behalf. I understand that this is a release of all claims that is binding on myself, my heirs, members of my family, personal representatives and assigns. I understand that I am assuming all risk inherent in the referenced activities. I voluntarily initial my name as evidence of my acceptance of the above provisions. I understand that FLAG Camp is not liable for any lost or stolen items.

Signature of Parent of Legal Guardian

Date

MEDICAL CONSENT

I hereby give FLAG Camp permission to provide health care (which includes first-aid for cuts, sprains, bruises, etc.), administer prescription medications, and seek emergency treatment as needed. In case of emergency, I hereby give permission to FLAG Camp directors to release any records necessary to physicians, as well as to provide or arrange necessary related transportation. I certify that the above information is correct and current to the best of my knowledge.

Signature of Parent of Legal Guardian

Date

PHOTO RELEASE

I acknowledge that while my child is at FLAG Camp, he/she may be photographed by staff members via still or video camera. I authorize FLAG Camp to use my child's photographic image without identification in its brochures and advertisements, including FLAG Camp's website. In giving my consent, I hereby release and hold harmless FLAG Camp and its agents from any and all responsibility or liability relating to the use of the photographs. I understand that neither my child nor I will receive compensation should any photograph authorized be used.

Signature of Parent of Legal Guardian

Date