



CAMP CHIPPEWA PROGRAM RELEASE FORM

ALL GUESTS AND ALL PARENTS OR GUARDIANS OF ANY GUEST WHO IS A CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING PROGRAM RELEASE FORM BEFORE GUEST OR BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM/ACTIVITY.

Male Female Age: _____

Personal Information

Participant's Name: Suffix: (Mr. Mrs. Ms. Miss.)
Home Church: EMAIL:
Phone Number: (Home): () - (Cell): () -
Address: Street City State Zip

Program or Event Information

I agree for myself or for my child to participate in any Program or Event sponsored by Camp Chippewa both on site or off site. Programs include but are not limited to: Race competitions, hiking, archery, low ropes challenge course, horse rides, wagon rides, gaga ball, corn maze, pedal carts, water activities, campfires, fishing, petting barn and The Chippewa Experience.

RELEASE / DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MAY BE SUSTAINED OR INCURRED, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY ACTIVITY, PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT CAMP CHIPPEWA PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP CHIPPEWA & GREAT PLAINS ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that Camp Chippewa does not have on or about the premises, an employ or contract with any medical services, provisions for ordinary and/or emergency medical services.

In consideration of mine or my child's participation in and the use of Camp Chippewa's facilities, I hereby release and covenant not to sue the institution, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to myself or my child while participating in any program or event sponsored by GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP CHIPPEWA.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Participant's Name (print): DATE:

Participant's Signature: DATE:

Parent/ Guardian Name (print): DATE:

Parent/ Guardian Signature: DATE:

Would you care to receive newsletters and updates of events and activities at Camp Chippewa? □

YES □ NO

If yes, by mail or email? □ MAIL □ EMAIL

Preferred Email (please print legibly): _____