

HIGH SCHOOL SUMMER CAMP

August 17-19, 2018 - Forest Home Ojai



Lovingkindness
SUMMER CAMP 2018

PARENTS!

Summer Camp is almost here! We believe camp is a great opportunity for our students to spend a weekend away and grow in their relationship with the Lord. On this sheet you'll find all the important information you'll need to get your student signed up!

We hope your student will join us at camp, and that you will partner with us as we pray for God to be glorified through camp this year.

DETAILS

All you need to know.

PRICE: \$140

includes meals at camp, lodging, transportation, and all activities.

PARTIAL SCHOLARSHIPS:

Contact Kevin to apply-
kevin@realityventura.com

CHECK-IN: Friday, August 17th, 1:30 PM

PICK-UP: Sunday, August 19th at 1:00PM.

- Both drop-off and pick-up will be at Reality -

We hope to see you there!

PACKING

Check weather forecast and pack accordingly.

- Bible
- Notepad/Journal
- Pen/Pencil
- Spending \$
(camp snack bar)
- Sleeping Bag & Pillow
- Flashlight
- Water Bottle
- Swimsuit
- Sandals
- Light Jacket or
Sweatshirt
- Socks & Shoes
- Toiletries
- Towel (bath & pool)
- Hat/Sunglasses
- Pajamas

What NOT to bring:

- Drugs, Alcohol, Weapons, Fireworks, Glitter or anything that doesn't glorify God.

Packing Notes:

- Make sure all items are securely packed in luggage that won't tear.
- Label all luggage with students name.

Medications:

- All prescription meds should have the name of student and be placed in a ziplock bag with any instructions. Please give to leader at check-in.

SIGN UP ONLINE: realityventura.com/ministries/youth

Parent/Guardian Authorization for Health Care

I understand Forest Home employs California Licensed Registered Nurses and/or Trained Health Techs for the care of my attendee. I agree to comply with the requests for Doctors orders to be submitted as deemed required by Forest Home policy, to carry out adequate care for my attendee's special needs as addressed.

I have read the medications section of this form and agree to comply with State and county law. I understand that I need to send all medications: prescription and over the counter in their **original containers with untampered labels** to be given as directed on the label. **No pills in Baggies, multiple pills in one container or Sunday through Saturday containers** will be sent.

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. Forest Home does not supply wheel chairs and has limited supply of crutches for use in fair weather conditions only. I understand that it is my responsibility to make arrangements for an attendee with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice or supply with equipment. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

Forest Home first aid supplies the following over the counter medication and/or treatments: Antacid Triple antibiotic, antiseptic wound cleansers, acetaminophen, ibuprofen, Sudafed, Benadryl, zyrtec, cough suppressant, throat lozenges, cough drops, laxative, hydrocortisone cream 18%, burn gel, petroleum jelly, oral glucose tabs, electrolyte replacement fluids, lice shampoo, techno, calamine lotion, alovera, bug spray, sunburn spray, sunscreen. Please list any you DO NOT want used for your attendee:

I have requested Forest Home, Inc. to allow my attendee to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my attendee's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my attendee and any other party who may have the right to assert any rights for or on behalf of my attendee, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. In the event that child abuse is reported while your attendee is at Forest Home, we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs, the disabled or those with needs related to walking on their own such as with crutches or wheelchair, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am aware that although Forest Home employs first aid providers for weekend and winter camp/summer conferences, that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my attendee) that may be sustained on the occasion of the camp experience I (or my attendee) shall attend.

RELEASE OF RESPONSIBILITY

I, as an adult or the parent and/or guardian of the individual named in this form giving permission for his/her attendance at Forest Home on the dates specified herein, except for willful misconduct or gross negligence of Forest Home, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold Forest Home, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual. All references to "attendee" are deemed to be one and the same as "my child".

Immunizations Statement

The State of California and County law require an accurate record of your attendees' current immunization status. By signing below you are declaring that your attendee is in compliance with California State law, being up to date or exempt, with all current immunizations required. This disclosure allows you to not have to submit a full immunization record to Forest Home, Inc.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____



RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

The undersigned Parent(s)/Legal Guardian(s) agrees to the following terms and conditions:

In consideration for (name of child) _____ (herein referred to as "Participant")
being allowed to participate in (event) _____
from _____ through _____
(herein referred to as "Event").

I hereby release, waive, discharge and covenant not to sue *Reality Ventura*, it's officers, employees, servants, agents, assigns, and volunteer staff, (hereinafter referred to as "Releasees") from any an all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by the Participant or to any property belonging to Participant whether cause by the negligence of the Releasees or otherwise, while participating on the Event, or while in, on or upon the premises where the Event is being conducted, while in transit to or from the premises, or in any place or places connected with the Event.

I acknowledge that Participant is voluntarily participating in the Event. I also understand that participation in the Event requires Participants to abide by applicable rules and standards of conduct. I am fully aware of risks and hazards associated with the participation of the Event, and I am fully aware that there may be risks and hazards unknown to me. I hereby elect to voluntarily allow the below listed Participant to take part in all aspects of the Event and engage in activities, knowing that conditions may be hazardous, or may become hazardous or dangerous. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by the Participant or any loss or damage to property owned by me or the Participant as a result of the Participant taking part in the Event, whether cause by the negligence of Releasees or otherwise.

I further hereby agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or costs they may incur due to the Participant taking part in the Event, whether caused by the negligence of any or all the Releasees, or otherwise.

It is my express intent that this Release shall bind the members of my family and spouse and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

In case of an emergency involving the Participant, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge of the Event to secure proper treatment, including hospitalization, anesthesia, surgery, or injections for the Participant. Medical providers are authorized to disclose protected health information to the adult in charge of the Event, Event staff, and/or any physician or health care provider involved in providing medical care to the Participant. Protect Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R §§160.103,164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation for the Participant, follow-up and communication with the Participant's parents or guardian, and/or determination of the Participant's ability to continue in the program activities.

In signing this release, I acknowledge and represent that:

1. I have read the foregoing Release, I understand the legal consequences of signing this document, and I am signing this document voluntarily as my own free act and deed.
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made.
3. I am the parent or legal guardian of Participant.
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Participant Signature: _____ **Date:** _____

By signing or typing my full name below, I am confirming that I have read, understand and agree to the Release. (For digital format, please type your full legal name in the space below as your digital signature.)

Parent(s)/Legal Guardian(s) Signature: _____ **Date:** _____

Parent(s)/Legal Guardian(s) Name Printed: _____

Emergency Contact Person: _____ **Phone Number:** _____

Relationship to Participant: _____