



2018 Still Water Camps' Manual Form

"What do you thirst for?" John 4:14

CAMP (Circle one): SW1 SW2 SW3 SW4 R1 R2 A1 A2 F1

SPORT (Circle one): Baseball, Basketball, Football, Soccer, Softball, Volleyball

Office Only
Rec'd _____
MP C: _____
Pmt _____ MoP _____

PART I General

Information (Please Print)

Transportation: No transportation will be provided in 2018

Camper First Name: _____ Middle Name: _____ Last Name: _____ Date of Birth: MM/DD/YY

Nickname: _____ 2017-2018 Grade: _____ Gender (circle one): FEMALE MALE

Address: _____ City: _____ State: _____ Zip: _____

Parent #1 First Name: _____ Last Name: _____ Relationship to Camper: _____ Marital Status: _____

Home Phone: _____ Parent/Guardian Cell: _____ Parent Email address: _____

(Cell will be used if needed to be reached during camp)

Parent #2 First Name: _____ Last Name: _____ Relationship to Camper: _____ Marital Status: _____

Parent/Guardian #2 Cell: _____ Parent #2 Email address: _____

Race: American Native Black/African-American Asian Caucasian Hispanic/Latino Native Hawaiian/Pacific Islander

Current School: _____ Church Name: _____ Church Phone: _____

Camper Shirt Size (Circle one): AS AM AL AXL AXXXL

Camper's Preferred Roommate: _____ Camper Lives with (circle one): Mother Father Both Other _____

We do our best to honor **ONE** request as long as it is the same gender, age & a mutual request

Who referred you to Still Water Camps? _____

PART II Emergency Contact Information (Please Print) In case a parent is **NOT** available.

Emergency Contact Name: _____ Emergency Contact Cell: _____

Relationship to Camper: _____

PART III Medical Information (Please Print)

Physician Name: _____ Physician Phone: _____

Name of Insurance Company: _____ Name of Policy Holder: _____

Policy Number: _____ If insured, a copy of the insurance card **NEEDS** to be included with this form

Date of Last Tetanus Shot: MM/DD/YY Is Camper Allergic to Tetanus Booster?: YES NO

Have you ever had any of the following? (Check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> 1. Appendix Removed | <input type="checkbox"/> 11. Chronic Pain in neck, back, shoulders, arms, legs |
| <input type="checkbox"/> 2. Chicken Pox | <input type="checkbox"/> 12. Broken Bones, Joint Dislocations |
| <input type="checkbox"/> 3. Dizzy Spells | <input type="checkbox"/> 13. Serious Sprains, Weakness of Muscles |
| <input type="checkbox"/> 4. Asthma | <input type="checkbox"/> 14. Joint Pain, swelling or stiffness without injury |
| <input type="checkbox"/> 5. Heart Trouble | <input type="checkbox"/> 15. Any severe injury to head, chest, internal organs |
| <input type="checkbox"/> 6. Convulsions | <input type="checkbox"/> 16. Any surgeries |
| <input type="checkbox"/> 7. Diabetes | <input type="checkbox"/> 17. Severe illness requiring hospitalization |
| <input type="checkbox"/> 8. Chest Pain on exertion | <input type="checkbox"/> 18. Severe illness requiring prolonged incapacitation |
| <input type="checkbox"/> 9. Low or High Blood Pressure | <input type="checkbox"/> 19. Depression, anxiety, hysteria, nervousness |
| <input type="checkbox"/> 10. Hernia | <input type="checkbox"/> 20. None |

If you marked any of the above, please list details according to item number. Please be specific! (e.g. Include physical condition, dates, history of condition, medications etc.)

Does camper have a food allergy? YES NO If yes, please describe allergy: _____
Does camper have a medication allergy? YES NO If yes, please describe allergy: _____
Please describe any other allergies: _____

Is camper taking any medication that must be given at camp? YES NO If yes, please list medication, dosage & times to be administered: _____

In your own words, give a brief description of camper's overall general health condition: _____

Any other conditions that might effect your camper's safe participation in this program? (Please describe in detail): _____

I AUTHORIZE THAT THE ABOVE INFORMATION IS ACCURATE.

Parent/Guardian Signature: _____ Today's Date: _____

PART IV Releases & Waivers (Please Sign)

PHOTO RELEASE

I understand that photographs and video may be taken of my child's participation during the program. These photographs and video will be used only for Still Water Christian Ministries and their host's publicity. I acknowledge that I do consent to the use of these photographs and video in which my child's pictured for promotional material and or publications and I do not request compensation for the use of my (my minor's) likeness.

- I consent
- I do not consent

Parent/Guardian Signature: _____ Today's Date: _____

MEDICAL RELEASE

Authorization for Treatment:

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I here by give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes and to provide or arrange necessary related transportation for me or my child. In an emergency, I here by give permission and authorize the physician selected by Still Water Camps to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which maybe needed for the person named above. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but it is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as the requirements of such diagnosis or medical, dental, or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out below. I further agree that in giving this permission and authorization, Still Water does not assume any responsibility or liability of payment of such hospital, doctor, ambulance, dental or other medical fees which maybe incurred. The completed forms maybe photocopied and maintained by authorized personnel for trips out of camp.

Accident Coverage: I understand that my personal insurance will be primary coverage for camper accidents and that Still Water's insurance is secondary up to a maximum of _____ (\$ _____ dental claims). Exception: If the total claim is less than \$250, Still Water will pay the full amount. On claims above \$250, Still Water will coordinate payments for deductibles and co-pays.

Still Water's policy does not cover camper illnesses.

Acknowledgement of Inherent Risks: I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A STILL WATER CAMP IS A PRIVILEGE AND AS CONSIDERATION FOR THIS PRIVILEGE, I RELEASE STILL WATER, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS WHILE AT CAMP OR DURING STILL WATER SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD STILL WATER HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST STILL WATER, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD. I HEREBY GRANT PERMISSION TO STILL WATER THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEO-TAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF STILL WATER.

RELEASE OF LIABILITY

THIS RELEASE (the "Release") is executed by the undersigned "participant" effective the date set forth below for the benefit of Still Water Camps ("SWC"), Still Water Christian Ministries ("SWCM"), HEB Foundation Camp ("HFC"), Knott Creek Falls ("KCF"), Franklin Ranch, LTD ("FFR"), Snow Wolf Lodge (SWL), Franklin Ranch Management, LLC ("FRM"), Kelly L Hardwick S.P. LP ("SPLP") and Kristi L Borchardt E.P. LP ("EPLP") relating to Participant's participation in a "camp" operated by SWC at certain real property and facilities know as the "Franklin Ranch" located in Blanco County (the "property"). Participant specifically acknowledges that he/she has been advised and understands that there are inherent risks and dangers at the Property and associated with the activities to be engaged in at the Camp, including (among other activities): swimming, kayaking and canoeing; hiking; blobbing; flicker-ball and dodge-ball; archery and BB guns; sports participation and sessions; travel to and from off-site activities and sport sessions; and other camp related activities. Because of such inherent risks and dangers, Participant has agreed to and hereby affirms and agrees to the following: Participant, on behalf of himself/herself, and his/her heirs, successors, executors, personal representatives, assigns, FOREVER RELEASES, DISCHARGES, HOLDS HARMLESS AND INDEMNIFIES SWC, SWCM, HFC, SWL, FFR, FRM, SPLP, and EPLP and each of their respective partners, owners, principals, officers, directors, employees, volunteers, agents, representatives, successors, and assigns, from and against any and all claims, including (but not limited to) demands, causes of action, damages, injuries to either person (including any death therefrom) or property, lawsuits, liabilities, punitive or exemplary damages of any and every nature whatsoever, whether known or unknown, in contract, in tort, or in equity, including all losses and/or expenses, including without limitation, attorney's fees, court costs, and/or expert fees, arising in any manner, directly or indirectly, out of, or in connection with, or in the course of, Participant's, entry onto the Property, and/or participation in the Camp, REGARDLESS OF THE CAUSE AND EVEN IN THE EVENT OF ANY CONCURRENT OR CONTRIBUTING FAULT OR NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT, ACTIVE OR PASSIVE), BY SWC, SWCM, KCF, HFC, SWL, FFR, FRM, SPLP, and EPLP, AND/OR ANY OF THEIR RESPECTIVE

Primary Parent /Guardian

First Name: _____ Last Name: _____ Relationship to Camper: Mom Dad Guardian