

## DAY CAMP REGISTRATION & MEDICAL FORM (Please Print)

*For congregation and FLBC records*

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Camper's Name

Age

Grade Entering

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Parent/Guardian Name

Email Address

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Residential Address

City

State

Zip Code

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Home Phone

Cell Phone

Work Phone

**Emergency Contact Information (must be someone other than parent/guardian listed above):**

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Contact Name

Relationship to Camper

Phone Number

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Insurance Company

Insurance Policy #

Insurance Company Phone #

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Primary Physician Name

Primary Physician Phone #

### Health History

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Any special concerns or recurring illness: \_\_\_\_\_

Specific activities to be limited: \_\_\_\_\_

Current medication or medical treatment: \_\_\_\_\_

☐ YES ☐ NO All immunizations required for school are up to date.

Date of last Tetanus Shot: \_\_\_\_\_

Dietary concerns/allergies: \_\_\_\_\_

Allergic to: Penicillin\_\_\_ Bee Stings\_\_\_ Other (specify): \_\_\_\_\_

Anything else the Camp staff should be aware of to better care for this camper? \_\_\_\_\_



# DAY CAMP PARTICIPANT AGREEMENT AND ACKNOWLEDGEMENT OF RISK

## Flathead Lutheran Bible Camp-2025

I have requested Flathead Lutheran Bible Camp (hereinafter referred to as "FLBC"), to allow my child/my minor of which I am the guardian \_\_\_\_\_ (**name of camper**) to participate in its day camp program. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following on behalf of myself, the child listed above, and any personal representatives or heirs:

1. **Acknowledgement of Risk:** I acknowledge that participation in camp programming entails known and unknown risks. Inherent risks associated with camp sports and recreational opportunities include, but are not limited to: inclement weather, wild animals, insect bites and stings, sunburn, high altitudes, blisters, cold water, strenuous exercise, cold and hot temperatures, lightning, irregular footing, water born bacterial infection, falling, drowning, and automobile or van travel. All FLBC activities are facilitated by trained professional staff. However, each participant must assume the risks that could result in physical or emotional injury, paralysis, death or damage to me/my child/my minor of which I am the guardian, to property or to third parties.

2. **Assumption of Risk:** I expressly agree and promise to accept and assume all risks existing in and associated with camp sports and recreational opportunities. My child's/my minor of which I am the guardian's participation in camp sports and recreational opportunities is purely voluntary, and I elect to have my child/minor participate, in spite of the risks.

3. **COVID 19:** I further acknowledge that COVID 19 infections have occurred throughout the United States and Montana. I agree that the child listed above shall attend day camp within 14 days of experiencing potential symptoms of COVID 19, including fever, cough, or shortness of breath; having a suspected or confirmed case of COVID 19; or having been a close contact of a person with a diagnosed/confirmed case of COVID 19. I understand and agree that a potential and known danger of the child listed above participating day camp is exposure to COVID 19, which could result in quarantine requirements, serious illness, disability, and/or death.

4. **Medical Authorization:** I authorize Flathead Lutheran Bible camp to take action as deemed necessary for my child's care, welfare and health, including consent for medical treatment. I further certify that my child/my minor of which I am the guardian have no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume all risks that may be created, directly or indirectly, by any such condition.

5. **Waiver of Liability:** Acknowledging the risks noted above I hereby release and discharge FLBC, its officers, agents, and employees from any and all claims or liability due to any loss or damage, I/my child/my minor child of which I am the guardian, may suffer or incur in any way arising out of or related to participation in any FLBC camp, program, sport or recreational opportunity, or the use of FLBC's facilities and/or equipment.

6. **Indemnification:** I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless FLBC from any and all claims, demands or causes of action, which are in any way connected with my child's/my minor of which I am the guardian's, participation in a camp sport or recreational opportunity or my child's/my minor of which I'm the guardian's use of FLBC's equipment or facilities (not excluded by § 27-1-753(4)), including any such claims which allege ordinary negligent acts or omissions of FLBC.

7. **Attorney Fees:** Should FLBC or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs to the greatest extent allowable by law.

8. **Enforceability of Agreement:** I agree that the foregoing assumption of risk, waiver of liability, and indemnity provisions are intended to be as broad and inclusive as permitted by the laws of the State of Montana. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

9. **Publicity Agreement:** I consent to the use of any photograph or video of my child/myself/my child of which I am the guardian in future Flathead Lutheran Bible Camp publications, videos, or web site pictures.

**By signing this document, you may be waiving your legal right to a jury trial to hold FLBC legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to FLBC's ordinary negligence that are the result of FLBC's failure to exercise reasonable care.**

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature (age 18 and over): \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Name of Camper (if different): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_