



Group Name: _____

Leader's Name: _____

Camper & Leader Information/ Permission and Release

Personal Information

Camper ___ **Leader** ___

Name: _____ Date of Birth ___/___/___ Male / Female

Address: _____ City _____ State _____

Zip code _____ Email address _____

Medical Information

Date of last Tetanus shot ___/___/___ Know allergies, medical problems or physical limitations _____

Person to contact in emergency _____ Relationship _____

10 Digit phone # _____

Insurance Information

Insurance company _____ Policy # _____

Name of policy holder _____

*While at White Mountain Snow Camp, each camper is covered (except for offsite activities not supervised by us) by a group accident policy. This policy provides limited benefits for covered emergency medical expenses incurred by a camper as a result of his/her participation in covered Snow Camp activities. This policy is intended to provide payment assistance only. The camper and his/her parents or guardians are ultimately responsible for payment of all medical expenses incurred.

Permission and Release Statements Please read carefully and sign

The Program at Snow Camp: I understand and certify that my or my child's participation in White Mountain Snow Camp and its activities is completely voluntary, and I have familiarized myself with the camp's program and activities and hereby give permission for my child to participate in said program and activities. I recognize that certain hazards and dangers are inherent in the WMSC activities and programs and particularly, but not limited to, the activities of tubing, ice skating, ice hockey, etc., and I freely assume those risks on behalf of myself or my child. I acknowledge that, although WMSC has taken safety measures to minimize the risk of injury to camp participants, WMSC does not insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by WMSC rules, regulations and procedures for the safety of camp participants.

In consideration of WMSC permitting me or my child to attend and participate in camp activities and programs, I hereby release and forever discharge the New England Fellowship of Evangelicals, Inc. (d.b.a. WMSC), its employees, officers, directors, agents, staff, and volunteers from liability for any and all causes of action, damages, and claims for any personal, bodily, emotional or other injury, illness or death to me or my child during my or his/her attendance at WMSC caused by negligence of any person or entity. This release is not limited to the specific activities enumerated above but releases liability for any injury, illness or death caused by negligence. This release from liability shall not apply to causes of action, claims or damages that are covered by applicable liability insurance to the extent of the policy limits of such insurance; but this release from liability shall apply to any causes of action, claims or damages to the extent that they exceed applicable policy limits.

Offsite Skiing & Rock Barn: I understand there are inherent and other risks involved in the sports of downhill skiing, snowboarding, and rock barn, that injuries are a common and ordinary occurrence of the activities and I freely assume those risks on behalf of child or myself. WMSC is not responsible for the safety of anyone skiing/snowboarding/rock barn climbing at said locations and excludes said activities from coverage under its group accident policy. I further grant to the youth leader, as named on this form, permission to sign, on my behalf, any agreements that are necessary for my child to participate in the said activities.

Photo Release: I give permission for any photographs or videos taken of my child to be used for promotional purposes for the camp.

Medical Emergency Permission: In an EMERGENCY, I, the undersigned, hereby give permission to the physician or hospital selected by the camp director to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy, or surgery for me or my child as named above.

I, the undersigned, have read the above permission and release statements, and understand all their terms and implications. I hereby execute this permission and release of my own free will and with full knowledge of its significance.

Signature: _____ Date: _____

Printed Name: _____

(To be signed by a parent or legal guardian for those under 18 years of age)