

FUSION | INDIVIDUAL REGISTRATION & CONSENT FORM

Camper Name: (last) _____ (first) _____ Gender: ____ Age: ____ Grade: ____

Camper Address: _____ City: _____ State: ____ Zip: ____

Parent or Guardian name(s): _____

Address (if different): _____ City: _____ State: ____ Zip: ____

Home Phone: (____) ____ - ____ Work or Mobile Phone: (____) ____ - ____

Alternate person to contact in case of emergency: _____

Home Phone: (____) ____ - ____ Work or Mobile Phone: (____) ____ - ____

Relationship to camper: _____

Medications camper is currently taking: _____

Allergies (food/environmental/insects/meds.): _____

Climbing Wall Consent

The climbing wall is 25 feet tall and has four climbing lanes, each equipped with hydraulic auto-belay systems for safety and controlled descent. I understand that climbing wall procedures and equipment are designed to keep participants safe and that the activity will be facilitated by trained staff. I acknowledge that I/my child am/is required to follow all established safety procedures and requirements.

____ **YES;** I agree to the above terms regarding my/my child's participation in and use of the Climbing Wall.

Zip Line Consent

Cedarkirk has two zip line courses, the largest having a launch platform 19 feet high and travel distance of 200 feet. I understand that zip line procedures and equipment are designed to keep participants safe and that the activity will be facilitated by trained staff. I acknowledge that I/my child am/is required to follow all established safety procedures and requirements.

____ **YES;** I agree to the above terms regarding my/my child's participation in and use of the Zip Lines.

I accept full responsibility for myself or my child in the case of bodily injury, death, loss of personal property, and expenses thereof and I hereby waive, release, indemnify, and hold harmless any claims or demands which I or any member of my family may have against Presbyterian Camp and Conference Ministries of SW Florida, Inc. (hereafter referred to as "Cedarkirk"), its employees, volunteers, officers, or directors, that may result from negligence by Cedarkirk, its employees, volunteers, officers, or directors. If there is any question regarding my or my child's ability to participate in these activities, I will inform camp staff prior to participating or allowing myself or my child to participate. I understand that all participants are required to follow established rules and procedures associated with each activity. I acknowledge the nature of the activities and the fact that not all the stresses and hazards connected with the activities can be foreseen. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing that there are inherent risks, dangers, and rigors involved in the activities, I permit myself or my child to participate in the activities of this camp. I also give permission for the use of photography and video recordings of myself or my child in camp publicity.

Cedarkirk has put in place preventative measures to reduce the transmission of COVID-19; however, Cedarkirk cannot guarantee that you or your child will not contract the disease. We agree to uphold practices related to the health and safety of our guests and employees and ask guests to abide by certain measures that will help further reduce the risk. While we can adhere to our internal practices, we cannot guarantee that all guests will follow the required safety protocols at all times. I hereby certify that I understand the risks associated with contracting this transmissible disease and/or am assuming said risks on behalf of my child. I agree to waive, release, indemnify, and hold harmless any claims or demands which I or my family may have against Cedarkirk, its employees, officers, volunteers, or directors related to COVID-19.

Participant Name (print) _____ Date _____

Participant Signature (if 18 or older) _____

Signature of Parent/Guardian for all participants under 18 years of age

By signing below I agree to the above, exceptions noted with initials

Signature _____ Date _____