Camp Shamineau
Spring Scrap and Stamp Registration Form
March 10-12, 2017

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell or work) _____

E-mail: (for confirmation notification) _____

WEEKEND CHOICE; ❑ Dining Hall ($125) ❑ Oak Hollow ($125)

❑ Stay thru 3:00 Monday afternoon for just $30

❑ Stay Sunday through supper and evening scrapbooking for $15

Amount Enclosed: $_____

PAYMENT : FULL payment is due with registration form. Payment by check only. To register with a credit card use our website www.shamineau.org.

List the names of the other members of your group: _____

_____

_____

_____

_____

Release & Waiver of Liability Agreement/Medical & Media Release Form

I have chosen to allow myself/my child/my family members to attend the Shamineau Ministries programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, high and low ropes course elements, riflery, shotguns, paintball, horseback riding, water sports and activities, mountain boarding, skateboarding and rollerblading, climbing the artificial indoor climbing wall) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby release and discharge, indemnify and hold harmless to the fullest extent permitted by law, Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from myself/my child/my family members' participation in Shamineau Ministries activities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for Shamineau promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and also report any unsafe conditions that I may encounter to a responsible party.

_____ _____

Signature **Date**

_____

Print Signature