



FATHER & DAUGHTER WEEKEND CAMP

NOVEMBER 22-24, 2024

DAD'S LAST NAME _____ FIRST NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CHURCH YOU ATTEND, AND CITY _____

CHILD'S FULL NAME _____ GRADE _____ DATE OF BIRTH _____

CHILD'S FULL NAME _____ GRADE _____ DATE OF BIRTH _____

CHILD'S FULL NAME _____ GRADE _____ DATE OF BIRTH _____

EMAIL ADDRESS: _____ (FOR CONFIRMATION INFORMATION)

PLEASE HOUSE US WITH OR NEAR _____

NOTE: WE WILL DO OUR BEST TO ACCOMMODATE HOUSING REQUESTS. HOUSING ASSIGNMENTS ARE MADE TO MAXIMIZE EXPERIENCE AND USAGE OF SPACE. HOUSING IS AT THE DISCRETION OF THE REGISTRAR. YOUR CAMP FEE INCLUDES HOUSING, MEALS AND ALL ACTIVITIES DURING YOUR WEEKEND.

RETREAT FEES:

ADULTS	\$155 PER PERSON	X	_____	=	_____
CHILDREN (AGES 5 - 17)	\$105 PER PERSON	X	_____	=	_____
	TOTAL			=	_____

HORSE TRAIL RIDE RESERVATION: _____ LIST THE NUMBER OF CAMPERS IN YOUR FAMILY WHO WANT TO GO ON A HORSE TRAIL RIDE. CAMPERS MUST BE AT LEAST 8 YRS. OLD TO RIDE.

PAYMENT ENCLOSED: \$ _____ FULL PAYMENT IS DUE WITH THE REGISTRATION FORM.

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

I have chosen to allow myself/my child/my family members to attend the Camp Shamineau programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Camp Shamineau (including but not limited to rock climbing, hiking, high and low ropes course elements, riflery, shotguns, horseback riding, water sports and activities, mountain boarding, 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 Camp Shamineau, 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, Camp Shamineau, 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 Camp Shamineau activities. I hereby authorize the Camp Shamineau 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.

Adult Signature/Parent or Guardian

Date

Print Signature