

General Release Form (Complete this Page)

1. I understand the Camp Director reserves the right to dismiss any camper whose behavior or attitude is disruptive to the welfare of the camp. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.
2. I understand the Camp Health Officer reserves the right to dismiss any camper for medical conditions he/she deems necessary. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.
3. I am aware that all camp registration fees — including the deposit — are non refundable and non-transferable.
4. I understand that all medicines (i.e. prescriptions & over-the-counter drugs) are to be turned over to the Camp Health Officer at the beginning of camp. I am aware that the Camp Health Officer oversees the administration of medications. The staff will do their best to remind my child to take his/her medications, but it is not the responsibility of the camp staff to remind my child to visit the Camp Health Officer.
5. I am aware that my child is responsible for his/her personal belongings. It is not the responsibility of the Church to find or return any belongings that are left or lost at camp.
6. Should it be necessary for my child to receive medical attention/treatment while participating in these activities, I hereby give permission for the person(s) leading or directing these activities, to render medical attention or administer medical treatment, as the physician/medical professional deems appropriate and necessary.
7. I also give permission for the person(s) leading or directing these activities to use their best judgment to otherwise render any assistance (i.e. First Aid, CPR, etc.) to my child in the event of injury or illness.
8. I understand that the Indianapolis Church of Christ or any person(s) leading or directing these activities has no insurance coverage for medical or hospital costs for my child, which are associated with injury or illness occurring in the course of these activities (unless the child is already a covered dependent under the church's employee health plan). Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.
9. I release the Indianapolis Church of Christ to use any photographs or video of my child taken at camp for the website or for promotional purposes.

Parent Signature: _____ **Date**_____

Medical Release Form (Complete this Page)

We, _____, (Parents/Legal Guardian) hereby give permission for any and all medical attention to be administered to our child _____ in the event of accident, injury, sickness, etc., under the direction of the bearer of this letter, until such time as we may be contacted. We also assume the responsibility for the payment of any such treatment.

Parent/Legal Guardian Name: _____

ADDRESS: _____

PHONE (H) _____ (C) _____ (C) _____

EMAIL: _____

CHILD'S NAME _____ DOB: _____

KNOWN ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

PRIMARY INSURANCE COMPANY: _____

PHONE: _____

BILLING ADDRESS: _____

POLICY HOLDER: _____

ID #: _____

GROUP NUMBER: _____

PLAN CODE: _____

SIGNATURE (Parent/Legal Guardian) _____

DATE: _____

Suggested Packing List

Clothing:

- | | |
|---|--|
| <input type="checkbox"/> Shorts (enough for 6 days) | <input type="checkbox"/> Sweat shirt or Jacket (2-3) |
| <input type="checkbox"/> Shirts (enough for 6 days) | <input type="checkbox"/> Underwear – (Daily Change) |
| <input type="checkbox"/> Jeans or Rugged Pants (2-4 Pair) | <input type="checkbox"/> Pajamas or sleep wear |
| <input type="checkbox"/> Raincoat with hood or hat/Poncho | <input type="checkbox"/> Bathing Suit(s) |

Footwear:

- | | |
|--|--|
| <input type="checkbox"/> Tennis shoes or hiking shoes | |
| <input type="checkbox"/> Water shoes or old shoes for swimming | <input type="checkbox"/> Daily Change of Socks |

Toiletries:

- | | |
|---|--|
| <input type="checkbox"/> Soap | <input type="checkbox"/> Comb/Brush |
| <input type="checkbox"/> Toothbrush and Paste | <input type="checkbox"/> Deodorant (non-aerosol) |
| <input type="checkbox"/> Shower Bag | <input type="checkbox"/> Bug Repellant (non-aerosol) |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Sunscreen |

Supplies:

- | | |
|---|--|
| <input type="checkbox"/> Pillow and Case | <input type="checkbox"/> Flashlight with Batteries |
| <input type="checkbox"/> Blankets | <input type="checkbox"/> Spare Batteries |
| <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Unbreakable Cup |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Laundry Bag |
| <input type="checkbox"/> Washcloths | <input type="checkbox"/> Stamps and Envelopes |
| <input type="checkbox"/> Pens, Pencils, and Paper | <input type="checkbox"/> Fold up Chair |
| <input type="checkbox"/> Medicines (Allergies, Asthma, Poison Ivy...) | |
| <input type="checkbox"/> Small Tent | <input type="checkbox"/> Bible and Notebook |

Potentially Desirable Extras:

- | | |
|---|--|
| <input type="checkbox"/> Sports Equipment | <input type="checkbox"/> Camera and Film |
| <input type="checkbox"/> Backpack | <input type="checkbox"/> Air Soft Gear (<u>Please label all Gear</u>) |

In consideration of being allowed to participate in any way in the GREEN ACRES CANOE RENTAL program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the Company immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS GREEN ACRES CANOE RENTAL, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lesser of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property including personal property such as but not limited to; vehicle, canoe, kayak, pets, fishing gear, coolers, etc. associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I AM RESPONSIBLE FOR EQUIPMENT IF LOST, ABANDONED OR DAMAGED.

\$800 PER CANOE/TANDEM KAYAK | \$400 PER KAYAK | \$1,400 PER RAFT | \$30 PER TUBE / PADDLE / LIFEVEST

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR 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. I AGREE TO LISTEN TO THE SAFETY PRESENTATION AND TO ASK ANY AND ALL QUESTIONS PRIOR TO DEPARTURE.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Less than 18 years)

This is to certify that I, as parent/guardian with legal responsibility for my minor(s) participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases' from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I agree to properly fit my child's life jacket and to keep it secure on his/her person at all times while on the river.

I Have Read, Understand & Agree to the Content of this Agreement

Participant's Printed Name & Signature	Age	Date	Guardian Signature of Minor
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Vehicle Description: Make, Color & State Licensed: _____

Never take keys on the river, we can keep them. If you leave a vehicle overnight, please let us know!

Phone # that we can call if this vehicle still remains upon closing or an emergency _____

G.A. Staff: Pd Paddlers _____ Shuttles _____ Free Kids _____ Dogs _____ Trip Length _____ Check-In _____

WAIVER AND RELEASE FROM LIABILITY
Shooting Range Participation @ the Vine, Inc
June 14th, 2015 to June 19th, 2015

Release of Claims and Minor Child Permission Slip

Please Print Date _____

Parent/Guardian Name:

Last _____ First _____ MI _____

Mailing Address:

Street _____ City _____ State _____ Zip _____

Daytime Phone (_____) _____ - _____

This form contains a release and waiver of claims which, when signed, contractually waives any claims against Brett Thompson, Jartchawan Tanglertpaibul, The Vine Inc, volunteers that may arise in connection with your minor child/ward's participation in activities at the shooting range. Please read it carefully before signing your name.

In consideration of the opportunity afforded to my minor child/ward to participate in activities at the shooting range at the Vine Inc of Dillsboro, Indiana between June, 22 and June 28th, 2014, I, the undersigned, on behalf my child/ward named herein do freely subscribe to the following contractual obligation:

I, on behalf of my child/ward named below, fully understand the risks associated with participation in shooting sports, and do hereby for my minor child/ward's heirs, executors, and assigns knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my child/ward's participation in activities at the shooting range, and do hereby release, discharge, and covenant not to sue Brett Thompson, Jartchawan Tanglertpaibul, The Vine Inc of Dillsboro, IN, volunteers and partners and do hereby waive and discharge all claims for damages that my minor child/ward or I might have against Brett Thompson, Jartchawan Tanglertpaibul, The Vine Inc of Dillsboro, IN, volunteers and partners for any reason, including negligence, and agree to indemnify and hold harmless Brett Thompson, Jartchawan Tanglertpaibul, The Vine Inc of Dillsboro, IN, volunteers and partners against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my minor child/ward's in any activity at involving the shooting range located at The Vine, Inc in Dillsboro Indiana during the timeframe of June 22nd through June 28 of the year 2014.

I further understand that shooting range activities are not associated or affiliated with any other individuals or groups utilizing the facility owned and operated by the Vine Inc of Dillsboro, IN during the days of June 22nd through June 28th in the year 2014 and any waiver to participate in other groups activities will not cover participating in shooting range activities. Non associated and affiliated groups include but are not limited to Dad's Camp and the Indianapolis Church of Christ.

NOTICE TO THE PARTICIPANT OR MINOR CHILD'S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO
PARTICIPATE OR LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS
ACTIVITY. YOU ARE AGREEING THAT, EVEN IF BRETT THOMPSON, JARTCHAWAN
TANGLERTPAIBUL, THE VINE INC OF DILLSBORO, IN, VOLUNTEERS AND PARTNERS
USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT T
A PARTICIPANT MAY BE SERIOUSLY INJURED OR KILLED BY PARTAKING IN THIS
ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY
WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE
GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM BRETT
THOMPSON, JARTCHAWAN TANGLERTPAIBUL, THE VINE INC OF DILLSBORO, IN,
VOLUNTEERS AND PARTNERS IN A LAWSUIT FOR ANY PERSONAL INJURY,
INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS
FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE
RIGHT TO REFUSE TO SIGN THIS FORM, BRETT THOMPSON, JARTCHAWAN
TANGLERTPAIBUL, THE VINE INC OF DILLSBORO, IN, VOLUNTEERS AND PARTNERS
HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN
THIS FORM.

I on behalf of myself and/or my child/ward, have read the Release and Waiver of Claims and
fully understand its terms, and understand that I, on behalf of my child/ward, have waived
substantial rights by signing this release, and I have signed it freely and without inducement,
coercion, or assurance of any nature, and intend it to be a complete and unconditional release
of any and all liability, and agree that, if any portion of this Release Waiver of Claims is held
invalid by a court of competent jurisdiction, any portion not being held invalid shall remain in
full force and effect.

Name: _____

Date of Birth: ____/____/____

Print Name of Minor Child/Ward Child's

Date of Birth Month Day Year

Print Name of Parent/Guardian

Signature of Parent/Guardian

Print Name of Witness

Signature of Witness

Remote campers may mail their completed release forms to:

ICOC, Attn: Dad's Camp

6001 W. 52nd Street

Indianapolis, IN 46254

Mailed registrations must be postmarked by May 31st