

# Zion Youth Camp 2019

## Adult Registration (ages 19+)

August 5-10<sup>th</sup>, 2019

Camp Director: Rev. Daniel Humphreys | Camp Secretary: Sarah Humphreys

Please complete a separate form for each camper and submit before JULY 12, 2019.

The completed form should be sent to:

Attn: Denise Miller, Zion Fellowship, Inc., P.O. Box 70, Waverly, NY 14892

For questions or concerns, please contact Denise Miller or Rebecca Blodgett at (607) 565-2801.

### CAMPER INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Gender:  Male  Female Date of Birth (M/D/Y) \_\_\_\_\_ Email Address \_\_\_\_\_

Age at time of attendance \_\_\_\_\_ Church Name \_\_\_\_\_

### PAYMENT INFORMATION

- **\$210.00** (*payment **must** accompany registration*)
- **PLEASE NOTE:** T-Shirt orders received after **July 12<sup>th</sup>** are not guaranteed.
- Please make checks or money orders payable to **Zion Fellowship, Inc.**

### CAMP INFORMATION & RULES

The following guidelines for conduct and camp safety are in the best interest of campers:

- All campers are expected to abide by the rules of the camp, which are explained at orientation.
- The camp is closed to VISITORS except when an invitation has been extended by the Camp Director.
- Cars are off limits to campers during the week of camp. Keys will be surrendered at registration and returned at the close of camp.
- No electronic devices (games, mp3 players, cell phones, etc.), noisemakers, fireworks, weapons (BB guns, paint ball guns, etc), alcohol, tobacco, or drugs are allowed. Prescription medication is to be administered by the camp nurse only.
- Camp dress code: modest dress is expected of young men and women (no bare midriffs, low cut shirts, sleeveless tops, and short shorts). Young men and women will also be required to wear t-shirts and shorts for all water activities. Those without proper attire will not be allowed to participate in the activities.
- A violation of camp rules may result in being sent home.
- All damages incurred by campers will be billed to a parent and that camper will not be allowed to attend camp again until damages are paid.

I have read and will abide by these rules \_\_\_\_\_  
(*Must be signed by camper*)

# Adult Consent

## (AGES 19+)

### RELEASE OF CLAIMS, HOLD HARMLESS, AND AUTHORIZATION FOR EMERGENCY MEDICAL OR DENTAL CARE TO MINOR

#### DESCRIPTION OF ACTIVITY:

Zion Youth Camp, August 5-10<sup>th</sup>, 2019 at His Thousand Hills, Wellsboro, PA

I warrant and agree I understand the terms of this Release and Consent and I have signed this document by my own free will.

I acknowledge that I will participate in certain activities ("Church activities") conducted by or sponsored by ZION FELLOWSHIP, INC., its directors, officers, employees, and agents (collectively referred to as "Church") during the duration of this agreement.

I release and agree to hold Church harmless from all liability for harm to myself or my personal property, resulting directly or indirectly from my participation in Church activities. I personally assume all risks and liabilities in connection with my participation in Church activities and agree to indemnify Church against any liability which might be assessed against it as a direct or indirect result of my participation in Church activities.

I agree, individually, to release and to hold harmless ZION FELLOWSHIP, INC., its agents, officers, directors, and employees (collectively referred to as "the Church") from liability for my injury, death, or damage to or loss of my personal property, resulting directly or indirectly from my participation in the Activity. I personally assume all risks and liabilities in connection with my participation in the Activity and agree to indemnify the Church from any liability assessed against the Church as a direct or indirect result of my participation in the Activity. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen.

In the event that I am injured during the Activity, and I am unable to provide consent for my medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church, until I am able to provide consent or until someone legally able to speak on my behalf is made available. I agree, individually, to release, indemnify, and hold the Church harmless from any liability which may be assessed against the Church as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

\_\_\_\_\_  
Adult Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**This form is not valid without the signature of a "Witness."**



# Zion Youth Camp T-shirt order

*Please Note:  
T-shirt orders received after July 12, 2019 are not guaranteed*

## Select Size

**Adult Sizes:**     S     M     L     XL

**Plus Sizes:**     2XL     3XL

**Cost: \$10.00**

*Please include payment with order form and camper registration.*

The t-shirt design will be available will be made available soon on the Zion Youth Camp website at: [www.zionyouthcamp.com](http://www.zionyouthcamp.com).

# HIS THOUSAND HILLS

458 Phippen Road  
Wellsboro, Pennsylvania 16901  
Phone (570) 724-2366  
Fax (570) 724-5149  
[admin@hithousandhills.org](mailto:admin@hithousandhills.org)  
[www.hithousandhills.org](http://www.hithousandhills.org)

## LIABILITY & MEDICAL RELEASE

To Whom It May Concern:

I have insurance to cover any accidents sustained to my child as a result of his/her participation in any activities at His Thousand Hills. His Thousand Hills will in no way be liable for any accidents or injuries that may occur to my child, and is released from all responsibilities and obligations.

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Permission to authorize necessary medical treatment in the event of an emergency is granted.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

HIS Thousand Hills  
458 Phippen Road  
Wellsboro, PA 16901  
(570)724-2366  
Fax: (570)724-5149  
[admin@hishousandhills.org](mailto:admin@hishousandhills.org)  
[www.hishousandhills.org](http://www.hishousandhills.org)



## Challenge Adventure Program Participation Agreement

Printed Participant Name: \_\_\_\_\_

Printed Name of Group: \_\_\_\_\_

**Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.**

I understand that my participation in programs offered by Challenge Adventure Program at HIS Thousand Hills is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity. I have read the Full Value Contract on the back of this agreement and agree to follow the guidelines as presented.

I understand the employees of HIS Thousand Hills have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, low ropes courses, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entails certain risks. I elect to participate in spite of these risks.

**Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my/my child's participation, and do hereby release HIS Thousand Hills and its staff, volunteers, members, trustees, officers, independent contractors and agents from any all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant HIS Thousand Hills, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

\_\_\_\_\_  
Signature of Participant (required)

\_\_\_\_\_  
**If participant is under 18 years of age,  
Signature of parent or guardian is required**

\_\_\_\_\_  
Age of Participant

\_\_\_\_\_  
Date of Participation

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Person to be contacted in case of Emergency:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

# **Full Value Contract**

**I will at all times...**

- 1. Think Safety and act safely**
- 2. Give and receive feedback**
- 3. Not put myself down**
- 4. Not put others down**
- 5. Not confront or provoke others**
- 6. Be an attentive and diligent spotter**
- 7. Balance fun with taking care of business**
- 8. Stay with my group**
- 9. Call group when needed**
- 10. Learn from my mistakes**
- 11. Accept challenges by choice**
- 12. Give 100%**