



**CAMP DATES**

July 9-13

**LOCATION**

Liberty University

**SPEAKER**

David Nasser

**WORSHIP  
LEADER**

Rush of Fools

**EARLY BIRD  
PRICE**

\$400 (1/28 only)

**REGULAR  
PRICE**

\$415

**FINAL PAYMENT**

June 3, 2018

**DEADLINE**

June 3, 2018



SUMMER 2018

# CCC STUDENT SUMMER CAMP 2018

Camp dates: July 9 – 13, 2018

**APPLICATION:** Complete with all medical info, insurance info, and parent/student signatures.

**COPY OF INSURANCE CARD:** Front and back on one page please.

**\$100– NON-REFUNDABLE DEPOSIT:** Make check payable to Christ Community Church (memo line – “Camp”). **You cannot turn in an application without a deposit.**

---

## CAMP 2018 PARTICIPATION AGREEMENT

Camp dates: July 9 – 13, 2018

Name of participant: \_\_\_\_\_  
Gender: ( ) Male ( ) Female

Student Cell Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (night) \_\_\_\_\_

Name as It Appears on an Official Photo ID  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Guest of a friend going to camp?

What is the name of your friend that invited you? \_\_\_\_\_

Gender: ( ) Male ( ) Female

Do you regularly attend another church? Where? \_\_\_\_\_

**PARTICIPANT MEDICAL INFORMATION**

Is sponsor authorized to approve medical treatment? ( ) Yes ( ) No

Is participant covered by personal/family medical insurance? ( ) Yes ( ) No

If yes, name the insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

**\*Please attach a copy of your insurance card.**

Please state any major illness(es) that your adult leaders need to be aware of during Camp 2018?

\_\_\_\_\_

\_\_\_\_\_

Please list any medication you will be taking at Camp 2018 and the purpose for the medication (confidential):

\_\_\_\_\_

\_\_\_\_\_

Please list any *major* allergies you have you're your adult leaders need to be aware

of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any physical challenges that you may face on this trip:

\_\_\_\_\_

\_\_\_\_\_

**Parent Permission  
Affidavit Form**

**Camp dates: July 9 – 13, 2018**

In consideration for participating on the following CHRIST COMMUNITY CHURCH short-term mission project:

I hereby give my son/daughter permission to travel to and from Liberty University, Lynchburg, VA with CHRIST COMMUNITY CHURCH and its representatives. I also authorize CHRIST COMMUNITY CHURCH or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present himself/herself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

By signing below, the participant (or parent/guardian if participant is a minor) also acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization (Christ Community Church Huntersville, NC) and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

The participant also understands that the deposit is non-refundable and he/she will be not be refunded upon cancellation.

---

Name of Participant

Signature

Date

If Minor, Parents/Legal Guardians must sign

---

Name of Parent/Guardian

Signature

Date



OFFICE USE ONLY CODE: \_\_\_\_\_ RegID: \_\_\_\_\_ AQU BLU ORG GRN SVR

## WAIVER AND RELEASE

This document must be signed and notarized.

- **ALL** participants in Student Life events must have a **signed and notarized** Waiver and Release form. This includes **students, all adults and children of adult leaders**.
- Consent by a parent or guardian is required for those under the age of majority which varies by state. For example, in Alabama and Nebraska, consent is required for those under 19 years of age.
- Return this form to your group leader for submission.

Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Camp Location (hereinafter "camp location"): \_\_\_\_\_

### STUDENT LIFE CAMP ATTENDING

Rec  Mission  Beach  Smoky Mountains  Staff Volunteer

### WHICH ONE BEST DESCRIBES THE ATTENDEE

Camper  Adult  Child of Adult Leader

**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release/Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Student Life, a ministry of LifeWay, and camp location (including colleges, universities and conference centers), its directors, employees, agents, volunteers, and affiliates ("Student Life" and "camp location") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless Student Life and camp location for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not Student Life and camp location, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Student Life and camp location from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Student Life and camp location events.

## ADDENDUMS

**Mission Camp Authorization** - I acknowledge that certain risks do exist during my (or my child's) participation in Mission Camp, Urban Serve or as a Student Staffer volunteer. These include, but are not limited to, the hazards of being in a construction type setting, travel by automobile, the risks involved in leading recreation games and those existing because of consent of these programs.

**Beach Camp Authorization** - I acknowledge that certain risks do exist during my (or my child's) participation in Student Life Beach Camp. These include, but are not limited to, the hazards of public beaches, travel by automobile or shuttle service, public condos and hotels, Student Life Camp program recreational activities, church selected recreational activities out of the scope of the Student Life Event and swimming in the ocean.





**Rec Camp Authorization** - The recreation programs at summer event locations strive to offer fun, safe and challenging activities that engage the whole person - body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. However, there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics. You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb and/or property.

**Assumption of Risk.** I am aware of the risks associated with participation in any camp related events and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to Peacemaker International, a Christian mediation/arbitration organization, for final resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Student Life and camp location. Student Life and camp location, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Copy to Camp Location.** It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to your camp location.

## THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

*CAUTION: Read this document carefully before signing. This is a general release and indemnification of claims.*

Please check which applies:  Parent/Guardian  Attendee 18 years of age and older

Signature: \_\_\_\_\_

If you are a Parent/Guardian of an attendee who is under 18 years of age, please include the following:

Your Name: \_\_\_\_\_ Relationship to Attendee: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

## NOTARY INFORMATION

**This must be notarized in order to attend camp.**

The following is to be completed by the notary witnessing parent/guardian's or adult's signature. All participants, including adults and children of adult leaders, must submit a notarized Waiver and Release before participating in camp activities.

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, Signature \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Place notary stamp or seal here



## **CAMP 2018 COST BREAKDOWN (DETATCH AND KEEP)**

**Camp dates: July 9 – 13, 2018**

- Price \$415  
One Day Early Bird Price - \$400 (Register on Jan 28 – must register with a \$100 deposit)

- Payment plan:

Payment Plan:

\$100 - At Registration (Jan 28)

\$60 – February 25

\$60 – March 25

\$60 – April 29

\$60 – May 27

Remaining Balance – June 3

- Please make checks payable to “Christ Community Church” and write “Camp” in the memo line.
- Please seal checks in an envelope with your student’s name and “Camp” written on the front.
- Please drop all envelopes and camp applications in the student Drop Box located in the Student Ministry wing hallway (same hallway as the bathrooms).