

Minor



Pre-Screen Health Form and Release of Liability for Retreats

Church or Organization Name: _____ Retreat Dates: _____

Participant's Name: _____ Age*: _____

** This form is for minors who are 17 years of age or younger on the day of the start of the retreat*

Dear New Life Retreat Guest and Family;

To help reduce the risk of illness at New Life, we ask that you check on the health of your child on the morning of retreat check-in. The best camp sessions start with healthy campers and this begins at home.

1. Has your child traveled out of the country in the last month? Yes No
2. Has your child been in contact with anyone who has tested positive for COVID-19 in the last 14 days? Yes No
3. Has your child traveled to and visited a locality of high concentration of COVID-19 positive cases? Yes No
4. Has your child been sick in the last 14 days? Yes No
If yes, what symptoms did you have?

5. Has your child exhibited any of the following symptoms in the 72 hours prior to the start of your camp session?

	Yes	No		Yes	No
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Pain	<input type="checkbox"/>	<input type="checkbox"/>			

◆ If you answered “yes” to any of the above symptoms, please call the camp prior to you bringing your child to camp to discuss with the camp health coordinator.

6. What was the temperature of your child the morning of the first day of retreat arrival (before leaving home to travel to camp)? _____degrees

I attest that I took this temperature on _____ (date) at _____ (time) and to the best of my knowledge it is an accurate reading. _____ (parent initials)

My signature on page 2 indicates that we completed this health screening accurately to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

◆ Waiver Statement on page 2 must be signed by Parent and/or Guardian.

Waiver Statement

By signing this registration form below, I/we, as parent(s) and/or guardian(s) of my child named below, a minor, give permission for him or her camper to engage in all prescribed camp activities except as noted. I understand and certify that my child’s participation in New Life Bible Camp and its activities is completely voluntary and I have familiarized myself with the camp’s program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in camp events and programs, and particularly but not limited to the activities of swimming (for those going to Shawnee Lake), hiking, horses, organized recreational activities and games, and team building activities.

I acknowledge that although New Life Bible Camp has taken safety measures to minimize the risk of injury to camp participants, New Life cannot ensure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I/we, as parent(s) and/or guardian(s) of my child, a minor, acknowledge that participation in camp involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, including but not limited to exposure to COVID-19 or coronavirus(es), bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I/we further recognize and have instructed my child in the importance of knowing and abiding by the camp’s rules, regulations and procedures for safety of all camp participants.

By my signature on this registration form, I/we, as parent(s) and/or guardian of my child, a minor, agree to waive and forever release all claims for damage or injury to the person or property of my child, a minor, including but not limited to serious personal injury, disfigurement, and death, and to indemnify, defend, and hold harmless New Life Bible Camp, its owners, Board members (present and future), agents, servants, employees, representatives, insurers, successors, and assigns against any and all claims, suits, demands, causes of action, judgments, verdicts, costs, damages, expenses and joinders for sole liability, contribution, or indemnity which may be incurred by them as a result of any such claim, demand, or lawsuit which I/we or our agents, heirs, executors, administrators, successors, and assigns might file against them arising from my child’s presence at or participation in activities at New Life Bible Camp, including reimbursement to the parties being indemnified hereunder for any attorney’s fees and expenses incurred by them in connection therewith. I/we, as parent and/or guardian, also hereby give my permission to the physician selected by the camp to hospitalize, secure proper treatment for; and order injection, anesthesia, or surgery for my child, a minor. I/we, as parent and/or guardian, also grant permission for my child, a minor, to be included in camp photos, audio, and/or video that may be used for promotional purposes.

Participant’s Signature: _____ Date: _____

*Parent’s Signature: _____ Date: _____

** This form must be signed by the parent or legal guardian*

NOTE: Return this completed and signed form to your Retreat Group leader. This form is required for you to attend a retreat at New Life Bible Camp and participate in any activities. Any questions, concerns, or comments regarding the content should be directed to the camp.

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