

CAMP VISTA

N3398 Chapel Heights Road
Campbellsport, WI 53010
Tel 920-533-4258, Fax 920-533-4703
e-mail. campvista@nconnect.net
www.campvista.org

REGISTRATION FORM-PERSONAL

Participant name:

If under 18 - parent (guardian) name:

Tel 1: (.....) **Tel 2:** (.....)

Address: **City:** **State:** **Zip:**

E mail:

Physical conditions that event organizers should be aware of:

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date: / /

Signature
(or parent/guardian signature if participant is under 18)

Release, Indemnification and Hold Harmless Agreement

PARTICIPANT NAME: _____ (please PRINT)

IDENTIFICATION AND ACKNOWLEDGEMENT OF RISKS

I understand that Vista Christian Retreat, Inc, (DBA Camp Vista) offers activities such as, but not limited to, swimming, soccer, basketball, volleyball fishing, using air guns, horseback riding, rock climbing, wilderness travel, ropes course activities, lake/river activities, skiing, climbing walls, biking, backpacking, hiking, airplane rides, transportation to and from the activity site, and many others may result in property damage or fatal injury. Dangers also inherent to lakes & rivers, forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals may cause an accident or serious injury. I understand that although Camp Vista has taken reasonable precautions to provide proper equipment, suitable facilities, and trained staff, it is impossible to guarantee totally negligence free environment, absolute safety against illness, injury, or loss resulting from participation. I acknowledge the risk inherent in camp program and agree to assume that risk.

ASSUMPTION OF PERSONAL RESPONSIBILITY

I certify, that participant have no communicable diseases. I will notify Camp in writing of any medical or emotional condition that may restrict safe participation in the program. I acknowledge that participant failure to adhere to safety rules established by Camp Vista Staff may result in being asked to discontinue participation in the program. If participant is barred from further participation, or if I and/or participant voluntarily refrain from participation, or if I and/or participant leave the trip, I am responsible for all expenses incurred and I have no claim for any refunds from Camp Vista and its representatives.

AUTHORIZATION FOR MEDICAL TREATMENT

In case of an emergency, I hereby give permission to Camp Vista representatives and/or group leaders of organization who organize the event to secure medical treatment that might include hospitalization, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for participant named above. I also certify that my insurance company or myself will cover all accidental, medical and transportation costs.

CONSENT WAIVER AND RELEASE

In consideration of participating in any activities in any event organized by Camp Vista, I hereby agree to release and discharge from liability Camp Vista and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself and my children, parents, heirs, assigns, personal representative and estate. Consequently, I waive, release, and discharge any and all claims for any personal injury or damages, death, or property damage/loss, which I may have as a result of participation. I understand that Camp Vista shall not be liable for any delay or accidents of means of transportation arranged by Camp Vista, any and all acts of a third parties, or any other cases beyond their control. Camp Vista reserves the right to cancel, change, or substitute any service because of weather, safety condition of activity places/equipment, insufficient number of participants or other reasons. My registration provides Camp Vista the authorization to use photos and videos of me or registered participants for promotional purposes without further consent or compensation.

INSURANCE

I am aware, that I am responsible for paying all participant's medical expenses and related costs for any injuries that may occur during participation in the event. I agree to maintain throughout my participation, sufficient medical and accidental insurance (insurance should be valid in the State of Wisconsin). I understand that this is my sole responsibility to release all persons and entities from providing this coverage for participant.

Camp Vista strongly recommend to purchase a TRAVEL INSURANCE or other insurance to protect against the risk of medical expenses, death, travel delays, trip cancellation, any damage, loss of baggage or personal belongings, etc.

date: / /

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Signature
(or parent/guardian signature if participant is under 18)