

Esperanza Camp Registration Form—2010

Child's Name	Age	Birth Date (mm/dd/yyyy)	Camp	Medical Number

Name(s) of Parent(s)/Guardian(s): _____ Phone #: _____

Mailing Address: _____ Alternate Phone #: _____

Email Address (If you would like to receive your confirmation by email): _____

Please list allergies, medical concerns, present prescriptions, problems with bedwetting, or any other information that would be beneficial for us to know about your child(ren): _____

**CAMP
RELEASE AND ASSUMPTION OF RISK
(FOR PERSONS UNDER 19 YEARS OF AGE)**

PLEASE READ CAREFULLY.

I acknowledge that the activities associated with counseling and adult or family retreat services offered at a remote camp location include, outdoor hikes and ocean based transportation to and from the locations involve both foreseeable and unforeseeable risks that could result in personal injury or death. I fully understand the risks and dangers involved in the activities and events associated with attending the programs, counseling and retreat services put on by **ESPERANZA MINISTRIES ASSOCIATION**.

I DELARE that by allowing the below named child to participate in the programs, counseling and retreat services and the transportation provided by **ESPERANZA MINISTRIES ASSOCIATION** that I assume all risks and will hold the said association, its directors, members, employees, volunteers and agents harmless from any liability whatsoever which may arise out of such programs, counseling and retreat services. I also agree to indemnify the **ESPERANZA MINISTRIES ASSOCIATION** from any legal action brought upon them as a result of any injuries suffered by me or the below named child in the programs, counseling and retreat services and should the **ESPERANZA MINISTRIES ASSOCIATION** be required to incur any legal costs, I agree to indemnify them for all such costs on a solicitor client basis. I realize that by signing this release I am prohibited from commencing a lawsuit against **ESPERANZA MINISTRIES ASSOCIATION**, its directors, members, employees, volunteers or agents, for any negligence on their part which gives rise to injury to me or to the below named child.

I am the parent or guardian of _____, who is under the age of 19. I fully understand the risks and dangers involved in the programs and experiences offered at the facilities run by **ESPERANZA MINISTRIES ASSOCIATION**. In consideration of **ESPERANZA MINISTRIES ASSOCIATION** offering the programs and opportunities to the above named child, I agree to assume all risks involved.

This release and assumption of risk is binding upon me, my heirs, executors, administrators and successors.

I have read and clearly understand this liability release. I am at least 19 years old.

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN:

