

Camper Name: _____



2022 Camp Erin Lincoln September 23-25, 2022



Application Packet Checklist

Due August 15, 2022 | Email to achristensen@mourninghope.org

2022 Camp Erin Camper Application

Photo of deceased

Custody Release Form

Consent for Medical/Surgical Care, Emergency Treatment and Medical Information Form

Health History, Medication Consent and Instructions Form

Medication Log

Copies of insurance card(s)

Yes! My camper has a special diet. *(Please note details):*

COVID: I understand that local DHMs will be monitored, and safety practices will be communicated prior to camp weekend. I understand that some programming may be rescheduled, canceled, or provided in a virtual setting, and that I will be notified of any changes as soon as possible. I understand that COVID-19 vaccination and boosting is recommended for all campers, and that my camper may be required to show proof of vaccination and/or a negative COVID test prior to camp participation.

Check appropriate box:

- ☐ Camper is fully vaccinated and boosted for COVID-19.
- ☐ Camper is fully vaccinated for COVID-19.
- ☐ Camper is partially vaccinated for COVID-19.
- ☐ Camper is not vaccinated against COVID-19.

STAFF USE ONLY:

_____ Yes, attending camp

_____ Not attending camp at this time

_____ Notified of camp acceptance

_____ T-Shirt Size

_____ Eluna Photo, Publicity and Liability Consent and Release

_____ Eluna COVID Warning and Waiver

_____ CJH Adventure Course Release

Family meeting date/time: _____



2022 Camp Erin® Lincoln Camper Application



CAMPER INFORMATION

A separate application is required for each camper. Please print or write legibly.

☐ New camper ☐ Returning camper

Camper's name: _____

Camper prefers to be called: _____ Gender: _____

Age: _____ Date of birth (MM/DD/YYYY): _____ Grade in August 2022: _____

Race/Ethnicity: (We only use this information to gather demographic statistics and for grant applications. Check all that apply.)

☐ African American ☐ Native American ☐ Asian ☐ Caucasian ☐ Native Hawaiian/Other Pacific Islander
☐ Hispanic/Latino ☐ Multi-Racial ☐ Middle Eastern/Northern African ☐ Other: _____

School name: _____

Siblings (list names/ages): _____

Parent/Guardian: _____ Relationship to camper: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Email address: _____

EMERGENCY CONTACTS: Please list two people *other than you* to contact in case of emergency at camp:

Emergency Contact #1 Name: _____ Relationship to camper: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Emergency Contact #2 Name: _____ Relationship to camper: _____

Home phone: (_____) _____ Cell phone: (_____) _____

If child is a Ward of the State, is taking and displaying/sharing photos of camper approved by caseworker?

☐ Yes ☐ No ☐ Child is not a Ward of the State

How did you hear about Camp Erin Lincoln? (check all that apply)

☐ School ☐ Web ☐ Advertisement ☐ Hospice
☐ Mourning Hope ☐ Past Camp Participant ☐ Other (please specify): _____

BEREAVEMENT HISTORY

(On this page, please identify the most significant death in the child's life – a follow-up page is provided for any additional deaths.)

Name of person who died: _____

Relationship to child: _____

Date of death: _____ Age of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? ☐ Yes ☐ No

Was the child present at the time of death? ☐ Yes ☐ No

Did the child attend the funeral/memorial service? ☐ Yes ☐ No

If yes, what were the child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? ☐ Yes ☐ No

Does the child have memories of the deceased? ☐ Yes ☐ No

Describe the majority of the child's memory of the deceased:

- ☐ All positive memories
- ☐ Mostly positive memories

- ☐ Mostly negative memories
- ☐ All negative memories

What has the child been told about the cause of the death?

Did the child receive grief support services and/or counseling before or after the death? ☐ Yes ☐ No

If yes, please specify services received and length of service: _____

Was the deceased an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Is either guardian an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

BEREAVEMENT HISTORY

(On this page, please identify any additional deaths the child has experienced.)

Name of person who died: _____

Relationship to child: _____

Date of death: _____ Age of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? ☐ Yes ☐ No

Was the child present at the time of death? ☐ Yes ☐ No

Did the child attend the funeral/memorial service? ☐ Yes ☐ No

If yes, what were the child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? ☐ Yes ☐ No

Does the child have memories of the deceased? ☐ Yes ☐ No

Describe the majority of the child's memory of the deceased:

- ☐ All positive memories
- ☐ Mostly positive memories

- ☐ Mostly negative memories
- ☐ All negative memories

What has the child been told about the cause of the death?

Did the child receive grief support services and/or counseling before or after the death? ☐ Yes ☐ No

If yes, please specify services received and length of service: _____

Was the deceased an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

BEHAVIORS

Has the child exhibited any of the following behaviors in the last two months? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Harmed others | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Ran away from home | <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Lying | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Regression | <input type="checkbox"/> Ongoing sleep disturbances |
| <input type="checkbox"/> Special fears | <input type="checkbox"/> Behavior problems (home) | |
| <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Behavior problems (school) | |

Has the child experienced any other deaths?

☐ Yes ☐ No

If yes, please specify the deaths and describe the impact on the child:

Describe any other changes/stresses in the child's life: (e.g., divorce, illness, moving, change of school)

Has the child's behavior, things they have said or done concerned you lately?

☐ Yes ☐ No

If yes, please specify:

CAMP INFORMATION (attach extra sheet if you need more space)

Have you and the child talked about them coming to Camp Erin?

☐ Yes ☐ No

What concern(s), if any, do you have about the child attending camp?

What concern(s), if any, does the child express about attending camp?

Does your child have a current IEP/504 (Individualized Education Program) at school?

☐ Yes ☐ No

If yes, what areas of concern does it address?

CAMP INFORMATION (continued)

What strategies have you found to be helpful when the child has overwhelming emotions?

Does the child take medication due to specific behavior(s)?

☐ Yes

☐ No

If yes, what behaviors/medications?

Has the child ever:

Spent a night away from home?

☐ Yes

☐ No

Attended day camp?

☐ Yes

☐ No

Attended overnight camp?

☐ Yes

☐ No

List any special interests or hobbies the child has:

Is there anything we should know about the child's religious beliefs or faith practice?

Is there anything else we should know to better serve the child?

Child's t-shirt size: (check one)

☐ Child S (6-8)

☐ Child M (10-12)

☐ Child L (14-16)

☐ Adult S

☐ Adult M

☐ Adult L

☐ Adult XL

☐ Adult 2X

☐ Adult 3X

Yearly family income: (check one)

☐ \$0 to \$12,140

☐ \$25,101 to \$29,420

☐ \$42,381 to \$46,700

☐ \$59,661 to \$63,980

☐ \$12,141 to \$16,460

☐ \$29,421 to \$33,740

☐ \$46,701 to \$51,020

☐ \$63,981 to \$68,300

☐ \$16,461 to \$20,780

☐ \$33,741 to \$38,060

☐ \$51,021 to \$55,340

☐ \$68,301 to \$72,620

☐ \$20,781 to \$25,100

☐ \$38,061 to \$42,380

☐ \$55,341 to \$59,660

☐ \$72,621+

Number of people living in your household: _____

Does your child qualify for free/reduced lunch in their school system?

☐ Yes

☐ No

THE FOLLOWING ARE REQUIRED IN ORDER FOR YOUR CAMPER TO ATTEND CAMP ERIN:

PRE-CAMP FAMILY MEETING

New campers and their caregiver(s) are **required** to attend a pre-camp family meeting with camp staff. Our staff will reach out to you to schedule this as we receive applications throughout the spring and summer.

SAVE YOUR SPOT EVENT

There will also be a **required** Save Your Spot event with camp staff, volunteers, campers and caregivers. The Save Your Spot event will be in the afternoon on **Sunday, September 11** at the Mourning Hope Grief Center in Lincoln. Campers will meet their Cabin Buddies and other campers, and work on a project for camp. Caregivers will learn what to expect from camp, how to prepare campers for their adventure, and meet camp staff and volunteers.

Campers will be notified of their acceptance to Camp Erin by mail and by phone the week of August 8, 2022. Please remember that new campers will be accepted first, and returning campers will be accepted once all first-time attendee slots are full.

Parent/Guardian name: (printed) _____

Signature: _____

Date: _____

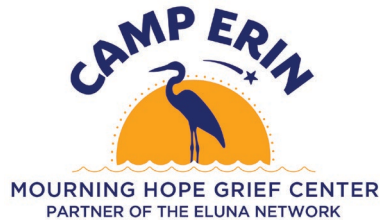
Relationship to camper: _____

Please return completed application via mail to:

Mourning Hope Grief Center
Attn: Camp Erin
1311 South Folsom Street
Lincoln, NE 68522

or via email to: achristensen@mourninghope.org

Custody Release Form



Name of child camper: _____

Birth date of child camper: _____

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin, its staff, volunteers and/or representatives to release the child to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper.

Name: _____

Address: _____

Phone number: _____

Cell phone number: _____

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and/or representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child to health care professionals or other appropriate personnel.

I have read and understand this entire form, and I agree to be bound by conditions of the agreement.

Signature of Parent/Guardian

Date



**Consent for Medical/Surgical Care,
Emergency Treatment and Medical Information Form**

Name of Parent/Guardian: _____
First Middle Last

(please check one) ☐ Mother ☐ Father ☐ Legal Guardian

Name of child camper: _____
First Middle Last

(please check one) ☐ Son ☐ Daughter ☐ Other: _____

Birth date of child camper: _____

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following health issues and/problems:

My child takes the following prescription and/or non-prescription medications:

(Please be sure to list medications on the “Medication Log” on page 12. This includes over-the-counter medications.)



**Consent for Medical/Surgical Care,
Emergency Treatment and Medical Information Form
(continued)**

Name of health insurance carrier: _____

Address: _____

Telephone number: _____

Policyholder's name: _____

Policyholder's group number: _____

Signature of policyholder: _____

**Please make a copy of your insurance card(s)
and attach to the completed application.**

2022 Camp Erin Lincoln Health History, Medication Consent and Instructions Form

Name of child camper: _____
 First Middle Last

Gender: _____ **Birth date of child camper:** _____

Parent/ Guardian: _____

First Middle Last

☐ Mother ☐ Father ☐ Legal Guardian Emergency contact #: (_____) _____

Does your child have any of the following:	Yes	No
Limitations that require special accommodations (please list at bottom of form)		
Asthma		
Dietary Restrictions (i.e. physician recommended, religious, etc.)		
Convulsions		
Seizures/seizure disorder		
Diabetes		
Ear infections		
Hearing impairment		
Motion sickness		
Nosebleeds		
Wears glasses/contacts		
Recurring headaches or stomachaches		
Other: (please specify)		
Is your child currently under the care of a physician?		
If yes, physician's name: _____ phone #: _____		
Does your child have any allergies?(i.e. food, medicine, or other)		
If yes, please explain:		
Any history of operations or serious illnesses?		
Will your child be taking medications at camp?		
If yes, please fill out log on page 12.		
The Camp Erin Nurse has my permission to give my child :		
• Acetaminophen (Tylenol) for minor aches or pains		
• Ibuprofen (Advil) for minor aches or pains		
• Benadryl for troublesome itching due to bug bites		
• Tums or Pepto-Bismol for tummy upsets		
• Neosporin for minor cuts or scrapes		

Special accommodations needed:

Parent/Guardian signature _____ Date _____



2022 Camp Erin Lincoln Medication Log

Name of child camper: _____
First Middle Last

Please list all the medications that your child will be bringing to camp, including over-the-counter medications (such as allergy medications). All medications will be collected at camp check in and distributed by the Camp Erin Nurse.

Medication:	Dosage:	Reason for meds:	Side effects observed:	Time meds are given:



2022 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____ (print name of Parent/Guardian or Adult Participant),

understand that Eluna and Mourning Hope Grief Center (“**Local Camp**”) desire to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin® as a camper, employee, volunteer or visitor. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. By this Consent and Release Agreement (“**Consent and Release**”) do hereby grant certain rights to Eluna and Local Camp and release Eluna and Local Camp from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer or visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). This Consent and Release Agreement confirms my child's and my grant of rights and our agreement is as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Local Camp, and each of their respective directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”). I understand that this Consent and Release will cover all of my or my child(ren)'s future participation at any Camp Erin activities.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Local Camp all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Local Camp therefor.

2. Contact. Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Local Camp. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Local Camp for such purposes, unless I opt out below.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Local Camp, and each of their respective directors, officers, employees and advisors (collectively, the “Released Parties”) from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, “**Harm**”) that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

4. Representations and Warranties. I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my

(over please)

or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Local Camp herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, Local Camp, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Local Camp and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Local Camp, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Local Camp may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND LOCAL CAMP ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Participant or Parent/Guardian of Participant

Participant is a: ☐ Youth Camper ☐ Family Member ☐ Volunteer ☐ Visitor ☐ Camp Erin Leadership/Staff

Is Participant an employee of the organization hosting Camp Erin? ☐ Yes ☐ No

Youth Name (if applicable): _____ Date of Birth: _____

Youth Email (optional*): _____

Parent/Guardian / Family Member / Volunteer / Visitor / Staff Name: _____

Address: _____

City, State and Zip: _____

Phone Number: ☐ Mobile ☐ Home _____

Email: _____

☐ I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: _____ Date: _____

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)



Assumption of Risk and Liability Release Agreement

The novel coronavirus, which causes the disease COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Mourning Hope Grief Center ("Local Camp") has put in place measures designed to reduce the spread of COVID-19. However, Local Camp and Eluna **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this Liability Release Agreement, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Erin activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Erin activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Local Camp and their respective directors, officers, employees, agents, volunteers, or program participants and their families. I understand that this waiver will cover all of my or my child(ren)'s future participation at any Camp Erin activities.

I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at or participation in Camp Erin activities ("Claims"). ON BEHALF OF MYSELF AND MY CHILDREN, HEIRS, REPRESENTATIVES AND ASSIGNS, I HEREBY RELEASE, HOLD HARMLESS AND DISCHARGE LOCAL CAMP AND ELUNA, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND VOLUNTEERS ("RELEASED PARTIES") FROM, AND COVENANT NOT TO SUE THE RELEASED PARTIES FOR, ANY CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO THAT I, OR MY CHILDREN AND I, MAY HAVE OR ACQUIRE. I UNDERSTAND AND AGREE THAT THIS LIABILITY RELEASE AGREEMENT INCLUDES BUT IS NOT LIMITED TO ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE RELEASED PARTIES. If any provision of this Liability Release Agreement is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

Participant is a: ☐ Youth Camper ☐ Family Member ☐ Volunteer ☐ Visitor ☐ Camp Erin Leadership/Staff

Youth Name (if applicable)

Printed Name (Parent/Guardian / Family Member / Volunteer / Visitor / Staff)

Signature (Parent/Guardian / Family Member / Volunteer / Visitor / Staff)

Date

CHALLENGE COURSE RELEASE FORM

This will be given to Nebraska Lutheran Outdoor Ministries for their records.

Name: _____ Over 19 yrs old _____ Over 250 lbs _____

Address: _____

City/State: _____ Zip _____

Phone Number: (_____) _____

In case of emergency notify:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

All participants will follow all safety procedures and guidelines as instructed by the NLOM staff. Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.

I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. **I realize that the Challenge Course/Climbing program might jeopardize my health if I have a history of heart problems or high blood pressure, am pregnant, recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries, have an enlarged organ, am a transplant recipient, or have Down Syndrome.** Participants with any of these or other physical concerns should talk with the NLOM staff prior to the start of the Co-Op event.

Participants should also not participate if they are feeling ill, exhibiting symptoms (fever, dry cough, sore throat, shortness of breath) or have been around anyone experiencing symptoms of COVID 19. As part of our COVID 19 safety protocols, we aim to provide outside experiences allowing for self-distancing. Please know our staff will be wearing masks and we have disinfectant procedures in place. Participants are encouraged to wear masks but not required. As a participant of this program, I will assume all risks of transmission of illnesses that may occur.

In the event of illness or injury, I do hereby consent to whatever medical treatment and hospital care may be considered necessary in the best judgment of the attending physician, surgeon, or dentist performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation in this activity, I agree to waive all claims against Nebraska Lutheran Outdoor Ministries and to hold its employees harmless from any and all liability or claims because of any death, bodily injury, personal injury, or illness that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrence that may arise solely out of the negligence of NLOM, its employees or agents.

I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by NLOM in training or promotional materials at any point in the future. I understand that my name will not be used and/or published in any way, and that I will not receive compensation for the use of such photographs and/or videotapes.

By signing below I am agreeing that I have carefully read and agree to all of the sections above.

Participant Signature (Minors must sign) _____ Date _____

Parent/Guardian/Legal Representative Signature _____ Relationship _____ Date _____
(Required if Participant is 19 years of Age or Younger)

Nebraska Lutheran Outdoor Ministries
27416 Ranch Road
Ashland, NE 68003
1-888-656-6254