



## Camp Application and Participation Agreement

You must read, sign, and return this document before your camp application will be considered. The Church must have a Camp Application and Participation Agreement (“Agreement”) for each camp to which you apply. For applicants who are minor children, parent(s) or guardian(s) must also read and sign the Agreement.

*Applicant/Participant’s Name:* \_\_\_\_\_  
(Please print legibly)

*Desired Camp:* \_\_\_\_\_

**I, the undersigned, affirm that I will carefully read, consider, and sign this four page document as either a minor child applicant or participant, an adult applicant or participant, or the parent or guardian of a minor child applicant or participant.**

The Church of God, a Worldwide Association, Inc. (“Church”) operates summer camps and winter camps. These camps are also known as COGWA Youth Camps, CYC or CYCs, or simply “camp” or “camps.” The term “camp” also refers to the specific camp location or facility that the applicant or participant has indicated above. The Church’s camps are primarily designed to benefit Christian teenagers and pre-teens. Ministers, counselors, volunteers, and staff members (many of whom are adults) also benefit from camp through participation, service to God, and service to the young people who participate in camp. I understand that I am applying, or have applied, to camp. This Camp Application and Participation Agreement (“Agreement”) concerns my application to and participation in one or more of the Church’s camps. I am asking the Church to allow me to participate in camp. Throughout the process of the Church considering my application to participate in camp, I am an applicant. If I am accepted to camp, I will become a participant. A participant is one who prepares for, travels to, attends, participates in and/or departs from camp. This Agreement applies to me as an applicant. If I am actually accepted to camp, this Agreement applies to me as a participant in camp. I agree that this Agreement applies to all aspects of the camp screening, preparation and participation process, including my application, preparation, travel, and/or participation. If I sign this Agreement as a parent or guardian of an applicant or participant, I understand that this Agreement applies to both the application process and, if my child is accepted to camp, camp participation. If I sign this Agreement as a parent or guardian of an applicant or participant, I hereby request that the Church accept and consider my child’s application, and I give my child permission to attend camp, participate in camp activities, and use the camp transportation provided by the Church and the Church’s staff. If I am a minor or adult applicant or participant and I sign this document, I am signing on behalf of myself (to the extent allowed by law). If I am a parent or guardian of a minor applicant or participant, I am signing on behalf of myself and on behalf of my child. My signature at the end of this document indicates that I agree to all terms and conditions set forth in this Agreement.

This Agreement applies to any of the Church’s camps which the applicant or participant attends or requests to attend. Camp is an activity enjoyed by many children, teenagers and adults. It attracts participants because of the elements of fun, fellowship, friendship, teamwork, skill, education, worship, and physical and mental challenges resulting, in part, from the risks involved in camp activities. I, the ADULT APPLICANT OR PARTICIPANT or MINOR APPLICANT OR PARTICIPANT and/or PARENT(S) OR GUARDIAN(S) OF THE MINOR APPLICANT OR PARTICIPANT, understand that the very nature of camp activities and camp participation makes it impossible, and undesirable, to eliminate all of the risks involved. I understand that camp participation carries risks and dangers. Camp provides opportunities for participants to enjoy various activities and challenges within the context of a Christian environment. However, accidents and injuries can and do occur at camp. **I have carefully considered this and have made informed decisions about camp participation.**

Camp lasts for several days and includes a wide range of activities. Many camp activities are physically exerting, such as team sports and individual sports. These activities can place special physical demands on the participant’s body, and some activities involve prolonged moderate or vigorous exercise. Participation in camp activities may involve slips, falls, collisions with others, collisions with objects, physical stress, and other hazardous situations. Other activities are social in nature, such as dancing, singing, and fellowship. Some activities are educational in nature, such as church services, Bible studies and Christian living classes. Camp also includes mundane and incidental activities, such as travel, walking, personal time, meals, and resting. While this list is incomplete, examples of camp activities include, but are not limited to, basketball, volleyball, football, soccer, softball, baseball, running, jogging, swimming, water polo, climbing, rock climbing, mountain climbing, archery, shooting sports (e.g., firearms), hiking, ropes courses, rafting, tennis, racquetball, running, jogging, biking, exercising, weight training, resistance training, dancing, singing, photography, driving, riding, classroom activities, listening, socializing, dining, counseling, resting, relaxing, and similar activities. Some aspects of camp include activities in outdoor settings (and interaction with nature). Outdoor settings and indoor settings bring the risk of injury or death from animals or insects (hornets, wasps, bees, snakes, bears, deer, etc.). Each of these and other activities involve some risk. Camp activities are also

described on the CYC website (<http://camps.cogwa.org>), and I affirm that I have read and considered this information. I have carefully considered the risks and benefits of camp.

There are many inherent risks in camp activities. Some are listed here. These inherent risks vary according to the activity, and inherent risks of camp participation include injury and death. Injuries suffered as a result of camp participation can range in seriousness from minor to catastrophic. Death may occur due to camp participation. Examples of common minor injuries include, but are not limited to, bruises, scrapes, and superficial wounds. Serious injuries include, but are not limited to, allergic reactions, muscle sprains and tears, broken bones, concussions, eye injuries, serious lacerations, internal bleeding, and injury to internal organs. Finally, injuries or consequences can be catastrophic in nature. These injuries or consequences include, but are not limited to, severe allergic reactions, spinal injuries (including paralysis), heart attacks, loss of limbs, loss of vision, brain injuries, permanent physical impairment, and death. Equipment failure is also a risk associated with some camp activities, and equipment failure can cause injury or death. The conditions of a camp facility may also carry risks, including the risk of tripping, slipping, or falling on the premises of the camp.

**Assumption of Risks.** I, on behalf of myself, my heirs, my personal representative(s), my child or children, and my assign(s), understand that the inherent risks of camp activities and camp participation are serious and that camp participation is dangerous regardless of the care taken by the Church. I realize that camp activities and camp participation require physical and mental skill, cardiovascular fitness, strength, and coordination. I have read the previous paragraphs. I understand the nature of camp activities and participation. I understand the demands of camp participation relative to my physical condition and skill level (or the physical condition and skill level of my child). I appreciate the types of injuries that may occur as a result of camp participation and camp activities. I hereby assert that my participation in camp (or my child's participation in camp) is voluntary and **I knowingly assume all inherent risks of all camp activities.** This Assumption of Risks section shall survive the termination of this Agreement.

**Waivers of Liability.** In consideration of permission to attend and participate in camp (and/or in consideration of the Church considering my application to camp or my child's application to camp), today and on all future dates, I, on behalf of myself, my heir(s), my personal representative(s), my child or children, and my assign(s), do hereby release, waive, and discharge the Church, its officers, its directors, its employees, its volunteers, its staff, its independent contractors, and its agents (throughout this Agreement, these individuals or entities are collectively referred to as "Church and Associates") from liability for any and all claims resulting from the **ordinary negligence** of Church and Associates in connection with camp. Further, in consideration of permission to attend and participate in camp (and/or in consideration of the Church considering my application to camp or my child's application), today and on all future dates, I, on behalf of myself, my heir(s), my personal representative(s), my child or children, and my assign(s), do hereby release, waive, and discharge Church and Associates from liability resulting from the **inherent risks** of camp activities and participation. These waivers of liability apply to (1) personal or psychological injury (including death) due to incidents or illnesses arising from or incidental to camp activities or participation, and (2) any and all claims resulting from the damage to, loss of, or theft of property. These waivers of liability shall survive the termination of this Agreement.

**Indemnification.** I also agree to **hold harmless, defend, and indemnify** Church and Associates from and against any and all claims of the applicant/participant, the applicant/participant's parent(s) or guardian(s), the applicant/participant's family members, and others arising from the applicant/participant's injury or loss due to participation in camp (including injury or loss due to the inherent risks of camp activities or camp participation and/or injury or loss due to the ordinary negligence of Church and Associates). I further agree to **hold harmless, defend, and indemnify** Church and Associates from and against any and all claims of participants, campers, camp staff, rescuers, and others arising from the conduct of the applicant or participant in the course of his or her participation in camp or camp activities. These agreements to indemnify Church and Associates shall survive the termination of this Agreement.

**Other Binding Clauses.** I covenant not to sue Church and Associates for any present or future claim arising from participation in camp or my child's participation in camp. This includes claims resulting from the inherent risks of camp activities and claims resulting from the ordinary negligence of Church and Associates.

I agree that if, in spite of this Agreement, legal action arising out of or related to this Agreement or my participation in camp or camp activities is instituted, the appropriate state or federal court located in or near Hamilton County, Ohio, USA will have sole and exclusive jurisdiction and venue for any such legal action. I agree that the laws of the State of Ohio shall apply to any such legal action.

I further agree that this Agreement is intended to be as broad, enforceable and inclusive as is permitted by the laws of the State of Ohio, and that if any portion of this Agreement is held invalid, unenforceable, or against public policy, the remainder of this Agreement shall survive and continue in full legal force and effect.

I assert that the applicant or participant does not have any medical problems that prevent safe participation in camp, and that the applicant or participant possesses a sufficient level of physical fitness, health and coordination to enable safe participation in camp. I understand that the Church requires each applicant or participant to get a medical exam from the applicant/participant's personal physician prior to participation in camp. This exam must have occurred within 12 months of the first day of the camp to which this Agreement pertains. I affirm that I have truthfully answered all health-related questions presented to me in connection with the online information-gathering process for camp. I authorize Church and Associates to administer first aid to the applicant or participant and secure emergency medical care or transportation when deemed necessary by Church and Associates. I authorize Church and Associates to share the

applicant/participant's medical information with medical personnel when deemed necessary by Church and Associates. I agree to be responsible for all costs of such medical care and transportation.

I agree to notify the Church of the applicant/participant's medical conditions and any medications that the applicant/participant will bring to camp for those conditions. I agree to provide camp personnel with specific instructions regarding the administration of these medications. I also agree to notify the Church of any of the applicant/participant's food allergies or other allergies. I affirm that all information regarding the applicant/participant's health and medications which I provided in the online information-gathering process pertaining to this camp is true, complete, and current.

I agree to inform a camp staff member immediately if I become aware of someone's conduct or a facility condition which presents a danger to anyone.

I understand that the Church may find it necessary to terminate or limit the applicant/participant's participation in a camp activity when a camp staff member judges the applicant/participant to be incapable of safely meeting the rigors of the activity. I accept the Church's right to take such actions for the safety of the applicant/participant and others.

I agree that this Agreement applies to all phases of the camp process, including camp application, camp preparation, camp travel, camp transportation, and camp participation. There is no guarantee that the applicant will be accepted to camp. I agree that upon acceptance of the applicant to camp, all parts of this Agreement shall survive and apply to the applicant as a participant. If I am signing this Agreement as a parent or guardian, I agree that upon acceptance of the applicant to camp, all parts of this Agreement shall survive and apply to my child as a camper or participant. In whatever capacity I sign this Agreement, it is my express intention that this Agreement shall apply to both the camp application process and the applicant/participant's actual participation in camp.

**Rules of Camp.** The Church's camps maintain a high level of conduct based on the Bible. I agree that the applicant/participant will abide by the instructions and rules of conduct established by the Church and its staff for camp. I have read the Camp Honor Code, available online at <http://camps.cogwa.org>, and agree to abide by it. The rules of camp include, but are not limited to, the following: no possession or use of alcohol, tobacco, or illegal drugs, no sexual misconduct, no theft, no smoking, no profanity, no destruction of property, no disorderly conduct, and no failure to cooperate fully with camp staff. Standards of appropriate dress include, but are not limited to, the following: pierced ears on girls only and no other body piercings, no short shorts (minimum three-inch inseam), no bare midriffs, no halter tops, no spaghetti straps and no other inappropriate attire. The camp director has the ultimate discretion regarding appearance and appropriate attire, and I agree to abide by the camp director's instructions and judgments on these matters. Hair should be appropriate length (shorter for boys and longer for girls), and hair color should be a natural color (e.g, do not come to camp with blue or pink hair) and not unusually cut. The following items are not allowed at camp: pets, personal sports equipment, firearms, and weapons. Any exceptions must be approved by the camp director in writing prior to camp. Questions about the dress code should be directed to the camp director *before* camp. Applicants or participants who violate camp rules, or whose conduct or attitude is not consistent with the objectives of camp (including the promotion of a positive environment), or who have made false, incomplete, or misleading statements in connection with the camp application or participation process, are subject to dismissal from camp at the expense of participant and/or parent(s) or guardian(s). I agree that any expenses arising out of the applicant/participant's expulsion from camp shall be the applicant/participant's responsibility. I agree that all determinations and judgments pertaining to the applicant/participant's acceptance to camp and/or continuing permission to be present at camp are within the complete discretion of camp staff and the Church. This summary of camp rules is not exhaustive.

**Consent to Search.** I agree that the applicant/participant's belongings and living quarters may be searched or inspected by camp staff. I hereby consent to any searches or inspections of the applicant/participant's belongings or living quarters as required by camp staff. This is for the safety and well-being of all. All searches and inspections are done at the sole discretion of camp staff.

**Permission to Provide Medical Care and Treatment.** I hereby give permission to the Church and/or camp staff to provide, or assist with, routine medical treatment to the applicant or participant, including assistance with medications. Furthermore, in the case of an accident or illness, I hereby give permission for emergency medical treatment for the applicant or participant. I also give permission for the Church to arrange and administer treatment for the applicant or participant, including hospitalization and emergency medical care. My permission also includes authorization for the release and disclosure of any medical records needed for such treatment and authorization for any emergency transportation. I realize and agree that all described medical assistance, treatment, and transportation for the benefit of the applicant or participant will be at my expense. I agree to reimburse the Church for any such expenses incurred.

**Medical Insurance.** The Church strongly recommends that all participants carry adequate personal medical insurance. When the Church reviews applications from those who desire to participate in camp as volunteers or staff members, an applicant's insurance coverage (or lack thereof) is an important factor that will be considered in determining those most suited to serve at camp. The Church prefers staff members who have adequate personal insurance coverage.

**Background Investigations.** I consent to the Church conducting a background investigation of the applicant or participant. I hereby agree to the Church searching for information regarding the applicant/participant's criminal records, civil court records, character, credit history, and reputation. The Church may use the applicant/participant's personal identification information to assist in its background investigation. The Church may use any reasonable means to conduct its background investigation of the applicant or participant. I

understand that this may involve the Church examining and disclosing personal information about the applicant or participant. This may also involve Church and Associates interviewing individuals who are familiar with the applicant or participant. I hereby release Church and Associates from any and all liability resulting from the background investigation or related disclosures. My consent for the Church to investigate the applicant/participant's background extends, without limitation, to a search of the applicant/participant's criminal history, driving record, credit history, and court files. I consent to the disclosure of any such background investigation results to any of the Church's employees, contractors, or associates. I agree to not sue Church and Associates for any claim that might arise from the use or disclosure of any information derived from any of the described searches or investigations into the applicant/participant's background. Further, I agree that the Church may contact the applicant/participant's minister or pastor and request that the minister or pastor evaluate the applicant or participant in terms of character and background. I consent to said minister or pastor freely giving his evaluation or opinion regarding the applicant/participant's character and background, and I agree to not sue Church and Associates, or said minister or pastor, for anything related to said ministerial or pastoral evaluation. I agree to hold harmless, and refrain from suing, the following individuals or entities in connection with any background investigation(s) into the applicant/participant's background: Church and Associates and the applicant/participant's minister or pastor (whether or not such minister or pastor is employed by or associated with Church).

**Consent to Take and Use Photographs.** I give Church and Associates permission to record or photograph (including still photography, videography, and audio recording) the applicant or participant while at camp and while at camp-related activities. I give the Church permission to use any photographs or videos taken of the applicant or participant. I agree that all photos or videos taken of the applicant or participant and used or retained by the Church shall be without any form of compensation to me or the applicant/participant. I agree that all such photos, videos, or recordings shall be the property of the Church. I agree that the Church may also use the applicant/participant's name in connection with the publication of any photographs or videos of the applicant or participant. The consideration for permission to take, use, and retain ownership of such photographs, videos, or recordings of the applicant or participant is the Church's allowance of the applicant or participant to attend camp. Any such images, recordings, pictures or videos may be used by the Church for any purpose, including promotional materials.

**Agreement and Acknowledgement of Understanding.** I, the undersigned ADULT APPLICANT OR PARTICIPANT or MINOR APPLICANT OR PARTICIPANT and/or PARENT(S) OR GUARDIAN(S) OF APPLICANT OR PARTICIPANT, have read this four page Camp Application and Participation Agreement. I understand this Agreement. By affixing my signature below, I hereby agree to this Agreement. My signature below indicates that I agree and consent to all parts of this Agreement and intend to be bound by this Agreement. I understand that I am giving up and waiving substantial rights, including the right to sue the Church and others identified in this document. I further acknowledge that I am signing this Agreement freely and voluntarily. I intend for my signature to be a release of liability, including liability due to the ordinary negligence of Church and Associates. If I am signing this Agreement as a parent or guardian of the applicant or participant, I intend for my signature to be on behalf of the applicant or participant and myself, and I affirm that I have all necessary legal authority to make decisions on behalf of my child or the applicant or participant.

\_\_\_\_\_  
Printed Name of Applicant/Participant

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian #1

\_\_\_\_\_  
Signature of Parent/Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian #2

\_\_\_\_\_  
Signature of Parent/Guardian #2

\_\_\_\_\_  
Date

## Final Reminders:

Please remember to do the following:

1. Print this entire document (four pages), read it carefully, and sign where directed if you agree to all terms and conditions.
2. Print the Medication Instructions (page five of the packet), read it carefully and sign where directed.
3. Return the Agreement, Medication Instructions and any applicable payment to the appropriate camp director. (See confirmation email for payment details.)
4. Take the attached Physical Exam form to the licensed medical professional of your choice for completion following your mandatory physical exam, then mail the completed form to the appropriate camp director(s).
5. If you are an adult staff applicant (age 18 and over) be sure to order a background check through our system **only once in a calendar year**. See the Final Steps web page (<http://camps.cogwa.org/apply/final-steps/>) for more details.
6. Be sure to check often the camp website at <http://camps.cogwa.org> for the latest information about camp.



## Medication Policy and Instructions

Updated: 2/2017

If an applicant/participant plans on bringing any medications to camp (including prescriptions, over-the-counter medications and herbal remedies), the following policy applies:

- All medications must be kept in their original packaging or containers.
- All medications must be accompanied by written and signed instructions for administration (the instructions on the medication packaging or container is fine in most cases).
- Medication containers or packaging must include the applicant/participant's name (for nonprescription items, please write the participant's name on the packaging).
- All medications and/or medical devices for minors must be turned in to the nurse/infirmiry personnel at registration with the exception of medications for life-threatening conditions mentioned below.
- Adult staff cannot keep any medications in any area to which minors have access. Adults sharing housing areas with minors must also turn in their medication to the nurse/infirmiry staff or find an alternate locked location for them (e.g., a locked vehicle). Adults not sharing housing with minors may keep their meds in their housing, but they must be in a locked container (e.g., a suitcase).

By signing here, the applicant and/or parents acknowledge that they have read and agree to the above policy regarding medications and or medical devices.

Parent/Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Does the applicant/participant have medications for life-threatening conditions that will need to be carried with him or her during camp?

- No. (If no, then you are done with this page.)
- Yes. (If yes, then please fill in the following box.)

### Medication for Life-Threatening Conditions

If a camper or minor staff member has a life-threatening condition for which emergency medication is brought to camp (bee sting medication, inhaler, epi pen, insulin, etc.), please list it below and indicate where you would want limited amounts of that medication kept.

What medical condition(s)? \_\_\_\_\_

What medication(s) or device(s)? \_\_\_\_\_

For parent(s) or guardians(s) of a minor child:

I hereby request that my child's medication(s) or device(s) remain with (check one):

- COGWA Youth Camp Personnel       My Child

Parent/Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Church of God, a Worldwide Association, Inc.**  
**2017 Camp Physical/Restrictions**

A physical exam by a medical professional (doctor or nurse) is required of each camper and staff member who attends our camps. The exam must be done within 12 months of the beginning of camp. Please have your doctor or nurse fill in this form.

Name of Applicant/Participant: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

It is my opinion that this applicant  is  is not healthy enough to participate fully in camp.  
(check one)

If not, what accommodations/restrictions should be made if the applicant is accepted? \_\_\_\_\_

\_\_\_\_\_

What current treatment (at the time of this exam) is this person receiving and what is the reason for any such treatment? \_\_\_\_\_

\_\_\_\_\_

Any current medications being taken: \_\_\_\_\_

\_\_\_\_\_

Any known allergies: \_\_\_\_\_

Any ongoing treatment that needs to be done at camp: \_\_\_\_\_

\_\_\_\_\_

Any medications that need to be administered at camp: \_\_\_\_\_

\_\_\_\_\_

What other instructions do you feel should be passed along to the medical staff at camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Medical Professional: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_