

# **2018 Youth Winter Retreat**

Friday, January 26th - Sunday, January 28th  
America's Keswick Camp  
601 County Rd 530, Whiting, NJ 08759

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.:(\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Give at least two names and phone numbers of people to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone No.:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone No.:(\_\_\_\_) \_\_\_\_\_

Parents/ or Guardian Name: \_\_\_\_\_

Phone No.:(\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Special Needs/Allergies/Potential Health Problems/comments:

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I agree to have my child participate in the following program or event: **2018 Youth Winter Retreat**. This event will take place at **America's Keswick camp in Whiting N.J** on **January 26th-January 28th**.

## Release/Disclaimer

I do hereby assume full responsibility for any and all damage, injuries (including death), or losses that my child may sustain or incur, if any, while attending, practicing, participating, or witnessing in any program, sport or physical activity occurring in or about the **America's Keswick Camp** premises or at any off site location. I hereby assume full risk, waive all claims and release and hold **Sharptown United Methodist Church**, its instructors or partners of said program or event, individually or otherwise, harmless of any and all claims for injuries or damages.

I am fully aware and understand that **Sharptown United Methodist Church** does not have on or about the **America's Keswick Camp** premises or employ or contract with any medical services, provision for ordinary or emergency medical services.

In consideration of my child's participating in and the use of the **America's Keswick Camp** facilities, I hereby release and covenant not to sue **Sharptown United Methodist Church**, its owners, shareholders, directors, officers, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by **Sharptown United Methodist Church**

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Sharptown United Methodist Church.

Hospital Insurance Yes\_\_\_\_\_ No \_\_\_\_\_

Insurance company: \_\_\_\_\_Policy number: \_\_\_\_\_

Physician's name: \_\_\_\_\_Phone no.: (\_\_\_\_\_)\_\_\_\_\_

**I Have read and fully understand the above Release/Waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.**

I do hereby give permission for (my) child \_\_\_\_\_,

to attend and participate in activities sponsored by Sharptown United Methodist Church.

Signature: Parent/Guardian:\_\_\_\_\_

Date:\_\_\_\_\_