

# CAMP SKALA REGISTRATION FORM

Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Church Name: Second Slavic Baptist Church

Age: \_\_\_\_\_

## LIABILITY RELEASE

I, \_\_\_\_\_ desire to participate in activities of Pacific Coast Slavic Baptist Association (PCSBA). In consideration of PCSBA providing these activities, I do hereby release PCSBA, their officers, employees, agents, and members of the Board of Directors from all claims and causes of action by reason of any injury which may be sustained as a result of these camp activities, whether on the way to or from these activities. I understand and agree to leadership having access to my room, tent, and personal belongings at all times. I understand that the use and/or possession of alcohol, tobacco, drugs, and firearms of any kind is strictly prohibited and will result in my immediate dismissal from camp. This authorization shall remain effective until revoked in writing delivered to PCSBA.

## PARENTAL CONSENT AND RELEASE FROM LIABILITY:

I, \_\_\_\_\_ as a parent or guardian of a camper, understand that PCSBA programs and activities involve certain risks and may include, but are not limited to: swimming, diving, water sports, land sports, hiking, weather conditions, plants, insects, and rugged terrain. I recognize these risks and agree to assume these risks by allowing my child to attend PCSBA Camp and participate in these programs. I hereby release, indemnify and hold harmless PCSBA, their officers, employees, agents and members of the Board of Directors from all liability for damage, injury, death or illness to the camper or his/her property relating to or deriving from his/her participation in PCSBA trips and activities whether arising from an act or omission, negligent or otherwise, by the releases or otherwise to the fullest extent permitted. My payment accompanies this registration and will hold my child's place. I also understand that should my camper be required to leave camp before the end of a session, partial refunds are given only to campers leaving for medical reasons and only after receipt of written verification by a physician of injury or physical illness.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under 18)

Date \_\_\_\_\_