

CAMP CONSTITUTION (PHOTOCOPY AS NEEDED)

STAFFER SIGN-UP* (ONE STAFFER PER APP) RINDGE, NEW HAMPSHIRE JULY 2 – JULY 9, 2017

Please Print:

Staffer Name _____

Birth Date: (Month, Date, Year) _____ M _____ F _____

Street Address _____

City _____ State & Zip _____

Phone # _____ Fax # _____

E-mail _____

I'd like to host cabin with _____

Or, _____ No Cabin duty, please! Cell Phone # _____

Work # _____ Home _____

My Special interests, abilities: Art; Basketball; Chess; Children's Activities; Editing/Proofing; Hiking; Historical Trivia; Juggling; Lifeguard; **Music: voice / instrument** _____ Nature & Field Activity; Newspaper; Outdoor Sports Ping-pong; Skits; Song Leader; Swimming; Tug-o' War; Volleyball; **or List Other:**

*If accompanied by *adult non-staffer*, please add:

Second Name _____

Birth Date: (Month, Date, Year) _____ M _____ F _____

Work# _____ Home/Cell# _____

Emergency Contact Name _____

Phone(s) _____

Send forms (w/ 250 USD) to:

Mr. Charles H. Everett
(Administrator, Camp Constitution)
5945 Quail Hollow Rd. Unit D
Charlotte, NC 28210

InterVarsity at Toah Nipi *Individual Non-Staffer Adult Release*

Rev. H 8/16/2002

Summer Camp
Event

CAMP CONSTITUTION
Guest Group

July 2 – 9, 2017
Dates

1. In consideration for being accepted and allowed to participate in this conference/project/EVENT and activities associated with its program and location, I personally assume responsibility for my actions, AGREE TO ABIDE BY THE RULES OF THIS FACILITY & EVENT, and release the above Guest Group and InterVarsity Christian Fellowship/USA® (hereafter InterVarsity), their Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse the Guest Group and InterVarsity, their Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.

2. I give permission to the Guest Group and InterVarsity to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.

3. I give permission to the Guest Group and InterVarsity to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge the Guest Group and InterVarsity, their trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.

4. I understand that InterVarsity has a hostage policy that states that InterVarsity should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.

5. Any claim or dispute arising from or related to this release shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at www.HisPeace.org). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. I understand that these methods shall be the sole remedy for any controversy or claim arising out of this release and expressly waive my right to file a lawsuit in any civil court against InterVarsity for such disputes, except to enforce an arbitration decision.

6. I certify that I am competent to sign this Release, and have done so voluntarily.

SIGNATURE OF PARTICIPANT

PRINT NAME OF PARTICIPANT

DATE SIGNED

EMERGENCY CONTACT (PRINT NAME BELOW): RELATIONSHIP (PARENT, ETC.), AND PHONE

NAME COLLEGE OR HEALTH INSURANCE COMPANY, NAME POLICY HOLDER, AND POLICY NUMBER, FOR ANY POLICY COVERING PARTICIPANT:

ALLERGIES OR MEDICAL CONDITIONS STAFF SHOULD BE AWARE OF TO AVOID PROBLEMS AND TO ASSURE PROPER EMERGENCY ACTION: **CHECK NONE [] ; OR LIST BELOW:**

NAMES OF ANY MEDICATIONS BEING TAKEN OR THAT HAVE BEEN TAKEN IN PAST MONTH, **NONE [] ; OR LIST MEDICATIONS:**

FOOD RESTRICTIONS THAT STAFF SHOULD BE AWARE OF TO AVOID PROBLEMS. **NONE [] ; OR LIST FOODS:**

Note: This form was customized for Adult Staffers and Guests at Camp Constitution for 2017 session running from July 2 – July 9, 2017

Send forms (w/ 350 USD) to:

Mr. Charles H. Everett
(Administrator, Camp Constitution)
5945 Quail Hollow Rd. Unit D,
Charlotte, NC 28210