



SCDC Youth Camp 2023 Staff Participation Form & Liability Waiver

BASIC INFORMATION ☐ First-time Staff ☐ Returning Staff

Name

Address

City

State

Zip

Phone

Email

Church

Pastor

Youth Leader

I have been a member of this church since: _____ I am a member in good standing: ☐ Yes ☐ No

VOLUNTEER AGREEMENT

By signing this form, I am volunteering my time and talents to the South Central District of California Messengers of Peace (SCDCMOP) Youth Camp 2023, August 4-6, 2023.

I acknowledge that as a member of the SCDCMOP Staff, I am to set an example to those around me, conducting myself in a positive, professional manner at all times. I will be respectful to Team Leaders, fellow volunteers and other youth. I will follow the roles and responsibilities assigned to me.

PASTORAL APPROVAL

I affirm that _____ is a faithful member in good standing and has my permission to participate as a SCDC Youth Camp 2023 Staff member.

Pastor Name (Printed)

Pastor's Signature

Date

EMERGENCY CONTACT INFORMATION

Emergency Contact Name

Home Phone

Mobile Phone

HEALTH INFORMATION (OPTIONAL)

PHYSICIAN/HEALTHCARE PROVIDER: _____ GROUP #: _____

MEDICAL CONCERNS OR KNOWN ALLERGIES: _____

CAMP TERMS AND CONDITIONS

By consenting to the following terms and conditions, I, _____, hereby give the approval to participation in the activities of Apostolic Assembly of the Faith in Christ Jesus, Inc -- South Central District of California (SCDC) Youth Camp, August 4-6, 2023 and the rules set forth by the South Central District of California Messengers of Peace (SCDCMOP).

LIABILITY: I hereby release, absolve, indemnify and agree to hold harmless the Apostolic Assembly of the Faith in Christ Jesus (AAFICJ), the South Central District of California (SCDC), the South Central District of California Messengers of Peace (SCDCMOP), Hartland Christian Camp, the organizers, directors, sponsors, supervisors, counselors, and administration from any claim, demand, or action arising out, or in any way related to SCDC Youth Camp 2023, including any and all liability for personal injury, illness, or property loss or damage. I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN CAMP ACTIVITIES, INCLUDING BUT NOT LIMITED TO CAMP RECREATION, AND TRANSPORTATION TO AND FROM CAMP AND THE ASSOCIATED ACTIVITIES.

PHOTO RELEASE: I understand that I may be photographed during the course of camp activities. I authorize the publication of any photos and/or video that contain my likeness for promotional purposes only, including but not limited to web-based social media platforms and the Camp DVD.

MEDICAL TREATMENT: If serious emergency arises, it might be necessary for a physician or staff nurse to administer medical treatment before the camp staff can get in touch with your emergency contact or designated physician. Such care can be provided ONLY if you will sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I authorize that medical and/or surgical care may be provided for myself while I am in attendance at SCDC Youth Camp. I authorize such care to be provided through the facilities of the nearest hospital. I personally assume responsibility for any costs of such care.

By signing below, I certify that I have carefully read the above Terms and Conditions and agree to it voluntarily. I affirm that the above provided information is accurate.

Printed Name

Signature

Date

ADMINISTRATIVE USE ONLY: ☐ Check # _____ ☐ Cash ☐ Other Amount: \$ _____ ☐ Paid in Full