



## SCDC Youth Camp 2025 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 2025, August 1-3, 2025.

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 2025 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 1-3, 2025 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 2024, 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.

**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