

FALL RETREAT

For Office Use Only

Date Received:
Balance Due:
Room Assignment:
Notes:

Admissions

Camper

Last name: _____ First Name: _____ Age: _____

Circle: Male / Female Date of Birth: _____ / _____ / _____ Grade: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Parents' names: _____ Phone: (____) _____ - _____

Other: (____) _____ - _____ Email: _____

Camper Health Form

*In Case of Emergency (*please list other persons to notify if parents cannot be reached):*

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Existing Diseases or Conditions (please circle and explain current condition):

Sinus Asthma Heart Kidney Epilepsy Diabetes

Current Condition/

Treatment: _____

Does the child have any significant history of the following (please circle):

Nose bleeds Headaches Sleep walking Fainting Sore throat Diarrhea/ Constipation Frequent

colds Other: _____

Allergies and Treatment: _____

Last year of Tetanus Shot: _____

Insurance Information (please complete fully):

Company: _____ Name of holder: _____

Policy #: _____ Group #: _____

ALL MEDICINE MUST BE IN ITS ORIGINAL CONTAINER- CLEARLY MARKED WITH THE CHILD'S NAME AND DOSAGE.

In case of emergency: I give my permission for my child to be given over-the-counter medicine(s) for minor ailments. I also give permission for my child to be transported to, and treated at a medical facility in the event of an emergency. I understand that I am responsible for all charges either through health insurance or otherwise.

Signature of Parent/Guardian

Date

Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child's participation in the "Grace Farm Event on (date) _____. This includes the transportation of my child to and from certain camp excursions away from camp property. I certify that my child is able to participate in all activities (except _____).

I will assume full responsibility, including all costs, if my child should need to be transported home, including for disciplinary reasons.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the health form. In the event an emergency occurs, I may be reached at the telephone number provided above. If I cannot be reached, I hereby authorize the adult sponsor in charge to make emergency medical decisions for my child. I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Freddie Coile, Focus Evangelistic Ministries, Grace Farm, and their agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, in connection with the activity or participation in any other associated activities.

Permission is granted for the use of images or recordings that may include my child for promotional purposes.

I expressly agree that this release waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the CAMP if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Grace Farm immediately if he or she believes that any of the foregoing access/use restrictions may apply.

Grace Farm has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that Grace Farm may change its procedures at any time based on updated guidance. The undersigned further acknowledges and agrees that, due to the nature of camp programming and facilities, social distancing of 6 feet per person among children and their leaders in a camp setting may not be possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of Grace Farm and acknowledges that use thereof by the undersigned and/or such participating children may, despite reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER Grace Farm FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF -SITE PROGRAM AFFILIATED WITH THE CAMP, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:
THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE Focus Evangelistic Ministries Incorporated, Grace Farm, Freddie Coile, its directors, officers, employees, volunteers, and related agents from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any

claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the camp or otherwise while the undersigned or such participating children are in, upon, or about the premises, or any other location used by the camp or participating in any program affiliated with Grace Farm.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS Focus Evangelistic Ministries Incorporated, Grace Farm, Freddie Coile, its directors, officers, employees, volunteers and related agents, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the camp. The undersigned understands and agrees that Grace Farm is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Grace Farm.

The undersigned agrees and acknowledges that use of the Grace Farm facilities and any other facilities used may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death, or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, or otherwise while in, about or upon the premises of Grace Farm and/or while using the premises or any facilities or equipment thereon or of any properties and facilities used by the programs of Grace Farm. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Parent or Guardian's Signature

Date

Witness Signature

Date

*Electronic Device Policy: Camp is a life-changing experience and is better without distractions. Do not bring electronic devices. If a parent or guardian desires cell phone contact with a child, this is allowed on condition that phones are turned in at the Happy Shack and a call to parents may be placed daily during a time when the Happy Shack is open.

**Mail registration with payment of \$39
to:**

**Focus Evangelistic Ministries
Camp Registrar
P.O. Box 498
Danielsville, Ga 30633**