

Camp Copass 2018

5th Graders ONLY



Camper Name
(print)

Camper Grade
(print)

Camp Copass 2018

Forms & Information



*"I praise you, for I am fearfully and wonderfully made."
Ps: 139:14*





ALL ATTACHED FORMS MUST BE SIGNED, COMPLETED AND RETURNED BY MAY 1st TO COMPLETE REGISTRATION.

Included In This Packet:

1. OneCC Parent/Guardian Release, Waiver, & Indemnity Agreement (3 pages)
2. Camp Copass Health & Registration Form

****Exact Immunization Dates OR Immunization Record Must Be Provided****

3. Camp Copass Ropes & Skateboarding Release
4. Trek Time Sign-Up

You may return the attached forms in 1 of 3 ways:

1. **DIGITALLY SCAN** and email to campcopass@visitonecc.com
(Please DO NOT send photographs of documents)
2. Place inside the "Camp Copass" folder in the Children's mailbox in the church office
3. Return to Andrae Jones or Jennifer Lovett during weekend or Wednesday services.



PARENT/GUARDIAN RELEASE, WAIVER AND INDEMNITY AGREEMENT

Nature of Event: I understand that the nature of this event, sponsored by ONE Community Church, Inc. (“ONE”), is my minor child’s attendance of Camp Copass, a church camp and retreat on Lewisville Lake near Denton, Texas from July 16-July 20, 2018 (the “Trip”).

Nature of Risks: I understand that voluntarily traveling to and attending a Trip of this nature may involve certain risks beyond reasonable control of ONE, its employees, its agents and its chaperones. I also understand that my minor child’s travel may involve significant risks. My signature on this Agreement, and my minor child’s participation in any such activity associated with the Trip indicates that I have, to my full satisfaction, obtained all information necessary for me to assess the risk and to willingly allow my minor child to participate.

Wavier of Liability/Hold Harmless: IT IS THE INTENTION OF THE UNDERSIGNED PARENT OR GUARDIAN OF MINOR, BY THIS AGREEMENT, TO EXEMPT AND RELIEVE ONE AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF MY MINOR CHILD CAUSED BY ANY ACT OF NEGLIGENCE OF ONE AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES. For and in consideration of permitting my minor child to engage in and receive the valuable service provided to me and my minor child in participating in the Trip, the undersigned parent and/or guardian of _____ (Child’s Full Name) (“Minor”) hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to Minor as a result of Minor’s observing, receiving instructions, or participation in any activities, SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. The undersigned parent or guardian of Minor for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Minor or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless ONE and its officers, agents, servants, or employees from any and all claims or causes of action by Minor or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of Minor present any claim against Minor and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by ONE and said persons.

In addition, the undersigned parent or guardian also gives permission for the use of photographs/video, which may include my child, to be used by ONE for promotional purposes. This includes but is not limited to bulletin boards, newsletters, parish and ONE’s Websites and Facebook accounts.

Further, for value received, for any injury to third parties that may arise because of my child’s actions or omissions, I agree to hold harmless and defend ONE with respect to any and all actions, claims, expenses, or demands arising there from that may be made or brought against ONE and/or its agents, employees, directors or representatives, including but not limited to reasonable attorneys’ fees and expenses arising therewith.

Medical Permissions: As a condition of attending the mission trip, I give ONE and its representative(s) authority to request and authorize medical and/or hospital treatment for the benefit of my minor child in the event of any injury or sickness sustained by him/her while on the Trip or during any activity on or related to such Trip, including, without limitation, while traveling to and from the Trip. In case of an incident, I agree to pay for all such treatment and to reimburse ONE for all costs and expenses incurred by it with respect to such treatment. In the event of such an emergency, I understand that ONE will notify the named emergency contact from this Agreement as soon as reasonably possible. In the event that it comes to the attention of medical personnel that my child complains of an illness, I grant my permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel or leaders of the mission trip from ONE.

ARBITRATION AGREEMENT: I believe the bible commands that I make every effort to live at peace and to resolve disputes in private or within the Christian church (Matthew 18:15-20; 1st Corinthians 6:1-8). In recognition of the above, and in recognition of ONE’s desire to appropriately balance its obligation, if any, to provide fair

PARENT/GUARDIAN RELEASE, WAIVER AND INDEMNITY AGREEMENT

compensation for harm caused by its own fault against its obligation to preserve the assets of the church and to avoid litigation with any of its members, I hereby agree on behalf of myself, my spouse, children, heirs and representatives of my estate to be governed by the following rules in asserting any claim against ONE, its employees, agents, representatives and directors, which arise from any activity on the mission trip:

1. Before filing any lawsuit or initiating any arbitration proceeding, I agree to submit any claim to mediation through the American Arbitration Association or any other alternative dispute resolution organization agreed to by ONE. I agree that I will be responsible for paying 50% of the mediator's fee, and ONE will pay the remainder of the mediator's fee.
2. If the claim is not resolved at mediation, I will not file a lawsuit but will instead submit the claim to binding arbitration with the American Arbitration Association. The arbitration fee will be split evenly between me and ONE, and I will be responsible for paying any counsel that I retain.
3. I agree that I will not seek or attempt to collect a judgment from ONE or any of its pastors, volunteers or employees for any amount which exceeds the amount of liability insurance coverage available to ONE at the time the claim is resolved. I also agree that I will not seek exemplary or punitive damages from ONE or any of its pastors, volunteers or employees.
4. I agree that I will not allege any claim that the conduct of ONE or its pastors, volunteers or employees was intentional, willfully negligent or done with conscious indifference or reckless disregard for the safety of others, and I expressly release all claims based on any such allegations.

Trip Code of Behavior:

Parent/Guardian: I agree to instruct my child to abide by all rules and regulations as outlined on the attached Code of Behavior. (Appendix A) I understand that if I have not seen the code, it is my duty to seek a copy and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails, significantly, to abide with the rules set forth, my child may be dismissed from the Trip and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with ONE.

Initials of Parent/Guardian _____

I understand that the foregoing release, waiver, and indemnity provisions are intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion of this release, waiver, and indemnity agreement is held invalid, the balance will, notwithstanding, continue in full legal force and effect. I agree with any claim or dispute arising from this Agreement shall be governed by Texas law and applicable laws of the United States. The venue for resolving such disputes shall be Collin County, Texas.

I FULLY UNDERSTAND THE CONSEQUENCE OF AND CHOOSE TO SIGN THIS PARENT/GUARDIAN RELEASE, WAIVER AND INDEMNITY AGREEMENT KNOWINGLY, FREELY AND WILLINGLY.

Signature of Parent or Guardian _____ **Date** _____

PARENT/GUARDIAN RELEASE, WAIVER AND INDEMNITY AGREEMENT

CONTACT AND MEDICAL INFORMATION

Child's Name: _____ **Home Phone:** _____

Child's Date of Birth: _____

Mother's Name: _____ **Mother Cell:** _____

Father's Name: _____ **Father Cell:** _____

Home Address: _____

If Parents are Unavailable, Alternate Emergency Contact: _____

Alternate Contact Cell: _____ **Alternate Home:** _____

Family Health Insurance Company: _____

Policy Number: _____

Please write "Yes" on the line to any and all of the following that apply to your son/daughter. Is your son/daughter in general good health, and able to participate in all normal activities?

Yes _____ No _____ (If not, please submit a statement indicating limitations.)

Allergies: _____

Is your child currently taking any medication? _____

If yes, list type of medicine _____

Does your child have any special dietary needs? _____

Please attach a copy of your insurance card.

Camp Copass

8200 E. McKinney St., Denton, TX 76208-2025
940-565-0050 * 940-382-9984 fax * 800-303-2103 TX only

Health and Registration Form

Please complete prior to arrival at camp.

Name _____ Sex _____
Last First Middle

Address _____
Street or Mailing Address City State Zip

Home Phone _____ Date of Birth _____ Age _____

Parents' or Guardians' Names _____

Father's Work Phone _____ Mother's Work Phone _____

Church or Group you are with _____

Either provide dates below or attach a current copy of child's immunization record: DO NOT mark "CURRENT" below.

<u>General Health</u>	<u>Immunization Dates</u>	<u>Allergies</u>
Heart	Asthma	Polio
Lungs	Fainting	Mumps
Eyes	Nosebleed	Measles
Ears	Skin Rash	Rubella
Throat	Emotional	DPT and/or TD
		Food
		Insects
		Penicillin
		Other

Serious Illness _____ Date _____

Was the camper well when leaving for camp? _____ If not, explain; please be specific _____

Is the camper able to participate in all recreational activities? _____

If not, explain in detail _____

Medications – Please list all medications the camper is taking _____

If there are any medications your child may need while at camp (such as inhalers, prescriptions), send them in the original container to the camp nurse.

Permission to administer: Aspirin? Y N Tylenol? Y N Ibuprofen? Y N Benadryl? Y N

ALL PRESCRIPTIONS & MEDICATIONS ARE TO BE GIVEN BY CAMP NURSE

Insurance Information

Name and Address of Insurance Company

_____ Policy# _____

_____ Group# _____

_____ Name of Insured _____

Medical Emergency/Media Authorization Agreement

_____ (Camper's Name) has my permission to engage in prescribed activities, except as noted by me. I also understand that CAMP COPASS may choose to use my child's photo for promotional purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of the above named, due to sickness or accident while attending camp at CAMP COPASS, or en route to or from the camp. I also authorize the camp personnel or adult counselor to transport my child at their discretion in case of an emergency.

We represent to you that we and the participant hold Camp Copass, its agents, employees and representative harmless from all liability arising as a result of the conduct of the participant and agree to defend and indemnify Camp Copass, its agents, employees and representatives against any claim or liability arising as a result of such conduct.

☐ I would like to receive future mailings from Camp Copass.

Parents'/Guardians' Signature _____ Date _____

Participant's Signature _____ Date _____

Camp Copass Ropes Course (persons age 8 & up only)

Agreement to Participate; Assumption of Risk and Release of Liability

PLEASE READ BEFORE SIGNING.

Whereas, THE UNDERSIGNED, _____, ("the PARTICIPANT") wishes to participate in a ropes course experience organized and conducted by a certified ropes course facilitator employed by Camp Copass of Denton, Texas; and in consideration of CAMP COPASS's action in allowing the participant to take part in such a program.

The undersigned acknowledges that during the said ropes course experience the participant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to, travel to and from the CAMP COPASS facilities, the hazards of walking over uneven camp terrain, depending on other people and being at various heights (ground to 50'), accident, and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this ropes course experience or other type of activities, whether conducted outdoors or inside an CAMP COPASS facility. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature, including temperature extremes and inclement weather. I further understand that medical treatment is a minimum of ten miles away in the city of Denton, Texas in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this ropes experience. I have listed on the health and registration form any medical condition that CAMP COPASS should be aware of which may hinder my participation in the ropes course experience.

In consideration of, and as part payment for the right to participate in such an experience and the services and food arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the trip which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue CAMP COPASS, and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against CAMP COPASS. I also state that I am not under, and will not be under the influences of any chemical substance, including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this CAMP COPASS program is entirely VOLUNTARY. I enter into this experience and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

FOR MINORS: As parent or guardian of _____, the undersigned, I hereby state that I have read, I understand, and I willingly grant my permission for _____ to participate in the ropes course experience at CAMP COPASS of Denton, Texas. I agree to all of the terms stated above in their entirety.

Parent/Guardian Signature (for participants under age 18)

Name of Participant (please print)

Name of Church/Group participating

Date of Event

Signature of Participant/Date

Signature of Witness/ Date

CAMP LEADER

Please fill out
on-line by
MAY 30, 2018

TREK TIME SIGN-UP SHEET 2018

(ONE PER CAMPER PLEASE)

Camper Name: _____

Church: _____ TREK I, TREK II, TREK III

Grade Completed: _____

Boy or Girl? _____

(Please make your 1st, 2nd, and 3rd choices for each day in the spaces provided.)

TUESDAY

Indoor Cooking _____
Dance _____
Fishing _____
Volleyball _____
Foosball _____
Climbing Wall _____
Shooting Gallery _____
Archery _____
GaGa Ball _____
Art _____
Football _____
Low Ropes _____
Cheerleading _____
Canoeing _____
Lego Building _____
Leatherworking _____
Origami _____

WEDNESDAY

Shooting Gallery _____
Jewelry Making _____
Basketball _____
Ceramics _____
Balloon Art _____
Weird Science _____
Climbing Wall _____
Archery _____
Low Ropes _____
GaGa Ball _____
Indoor Cooking _____
Fishing _____
Leather working _____
Outdoor cooking _____
Dance _____
Canoeing _____
Whiffle Ball _____

THURSDAY

Weird Science _____
Art _____
Archery _____
Climbing Wall _____
Leather working _____
GaGa Ball _____
Bazooka Ball _____
Shooting Gallery _____
Low Ropes _____
Canoeing _____
Jewelry making _____
Outdoor cooking _____
Lego building _____
Karaoke _____
Dodgeball _____
Cheerleading _____
Kickball _____

Please help your campers make wise choices for their TREK times each day. We will do our best to make their first choice the one they get!