

**Outdoor & Retreat Ministries Summer Camp**  
**Please Complete & Return to the Appropriate Camp Address**

**Reynoldswood Christian Camp**  
**621 Reynoldswood Road**  
**Dixon, IL 61021**

**Wesley Woods Retreat Center**  
**250 Stam Street**  
**Williams Bay, WI 53191**

**Parent / Guardian Permission Form**

My child, \_\_\_\_\_, has permission to participate in the Outdoor & Retreat Ministries (hereinafter "ORM"), program camp named \_\_\_\_\_ on the following dates \_\_\_\_\_.

**HOLD HARMLESS AGREEMENT**

The above named camper has my permission to participate in all activities sponsored, sanctioned, or engaged in by the ORM Program as administered by the NICUMC. These activities include, but are not limited to overnight camping trips, backpacking and hiking expeditions in rugged wilderness and backcountry areas, white-water rafting excursions, canoeing, sailing, swimming, horseback riding, rock climbing and rappelling, mountain biking, mountain and beach trips, snow- and water-skiing, and all travel to and from, or related to, any of these activities. I understand that participation in this program involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in these activities. I understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Northern Illinois Conference of the United Methodist Church (NICUMC), ORM division, program coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity for and from any and all claims or liability arising out of my child's participation in this program.

**MEDICAL TREATMENT & INFORMATION RELEASE**

It is my intention that ORM be treated as acting in loco parentis if the camper herein named is a minor. In case of emergency involving my child, I authorize the ORM appropriated adult leader(s) (hereinafter "Group Leader"), to give and administer such emergency first aid as, in the judgment of Group Leader, is necessary and appropriate. I understand that every effort will be made to contact me via the above phone(s) and alternate contacts. However, if I cannot be reached within 10 minutes, and said Group Leader determines that my child needs medical treatment, I hereby give my permission that my child may be treated and/or hospitalized by a health care provider or physician selected by the Group Leader as may be necessary, based on the injury or emergency setting. This includes permission to transport or arrange appropriate and/or necessary transportation for my child. Furthermore, I give my permission to the medical provider selected by the Group Leader to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications, for my child.

Further, it is my intention that the appropriated representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)), to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i.) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii.) in the cases of minors, to provide relevant information to the camp representatives for treatment, referral, billing, or insurance purposes, and to keep me informed of my camper's health status.

I have discussed the following *Behavior Covenant* with my child **AND** I agree to pick my child up during the week if asked to do so by the camp Group Leader because of misbehavior—regardless the day of week, or hour of day.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions, and that I am fully informed as to the content of this document, and that I understand the full import of this grant of powers to the agents named herein. I further affirm that my child may be photographed and/or video taped for ORM publicity—so long as his/her last name is not used in captions or articles. I also agree to notify the Camp Director if my camper is exposed to or contracts a contagious condition prior to camp.

\_\_\_\_\_  
Parent / Guardian Printed Name / Relationship

\_\_\_\_\_  
Parent / Guardian Signature / Date

**Camper Behavior Covenant**

I agree to strive to be positive, respectful and encouraging with my fellow campers, counselors and adult leaders in each of our activities, endeavors, and discussions—both formal and informal. I agree to treat all property that is entrusted to my use and care with respect and to only use such property as instructed. I agree to respect the privacy, property, personal space, and diverse opinions of all other campers, counselors, and adult leaders.

I agree to abide by the camp prohibitions against tobacco, alcohol, illegal/controlled substances, fireworks, firearms, violence, pornography, vulgarity, hazing, cheating, lying and stealing. I understand that violating any of these prohibitions may result in warnings, suspension from one or more activities, a parent conference, and/or expulsion from camp. If at any time my behavior endangers health or safety, or is repeatedly disruptive to camp or small group functions, I understand that Group Leaders may apply any or all of the above consequences without warning. I agree to accept said consequences.

\_\_\_\_\_  
Camper Printed Name

\_\_\_\_\_  
Camper Signature / Date