

**Activity Participation Agreement for Upper Room Youth Camp**  
**DAY OF CAMP 2020**

**August 1, 2020**

**at The Oasis of Love Church**

10991 Station Road, Huntingdon, PA 16652 (814) 627-3819

**Participant Information**

*(To be completed by parent or authorized guardian)*

**(PLEASE PRINT, read and complete this release form thoroughly)**

**Campers Name:**

\_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: **M** or **F**

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Contact Name:

\_\_\_\_\_

Name of parent/guardian:

\_\_\_\_\_

Address *(if different than above)*:

\_\_\_\_\_  
\_\_\_\_\_

**Health Section and Parental Release**

Does the camper have any medically diagnosed allergies (including food), chronic illness, or medical conditions? If yes, please describe.

Is the camper prescribed an inhaler or other medications?  
If yes, please explain any instructions.

Oasis of Love Church authorized to approve medical treatment? Yes / No  
Is camper covered by personal/family medical insurance? Yes/ No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

**Participation Agreement:** I acknowledge that participation in Day of Camp 2020 may involve risk to my child/children, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. I acknowledge and accept the risks of injury associated with participation in Day of Camp 2020 and accept personal financial responsibility for any injury or other loss sustained, as well as for any medical treatment rendered to my child/children that is authorized by the Oasis of Love Church. Further, I release and promise to indemnify, defend, and hold harmless the Oasis of Love Church for any injury arising directly or indirectly out of Day of Camp 2020, whether such injury arises out of the negligence of the Oasis of Love Church, my child/children or otherwise. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I and the Oasis of Love Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Although the Oasis of Love Church is working to follow CDC guidelines regarding COVID-19, by signing this waiver I agree to hold harmless the Oasis of Love Church in the event that my child would contract COVID-19 while at the Day of Camp 2020.

Signature of parent or guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

