General Release

CAMPER shall refer to the person identified on the reverse of this sheet and attending and participating in Cedar Springs Camp.

GUARDIAN shall refer to the parent or legal guardian of CAMPER.

CAMP shall refer to Cedar Springs Camp.

IT IS THE INTENTION OF GUARDIAN BY THIS AGREEMENT TO EXEMPT AND RELIEVE CAMP AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF CAMPER CAUSED BY ANY ACT OF NEGLIGENCE OF CAMP AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

For and in consideration of permitting CAMPER to observe, or use any facility or equipment of CAMP, or engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at: CAMP for the duration of the event, the undersigned GUARDIAN of CAMPER 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 CAMPER as a result of CAMP’s observing or using facilities or equipment of CAMP, or engaging in or receiving instructions 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 GUARDIAN of CAMPER 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 CAMP or its officers, agents, servants, or employees, the undersigned GUARDIAN will indemnify and hold harmless CAMP and its officers, agents, servants, or employees from any and all claims or causes of action by CAMP or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned GUARDIAN of CAMPER present any claim against CAMP and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by CAMP and said persons. The undersigned GUARDIAN represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned GUARDIAN intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

GUARDIAN further consents to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for CAMP. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. GUARDIAN further agree to pay all charges for the dental, medical, or hospital care or treatment.

GUARDIAN certify that he/she is responsible for the health care decisions of CAMP and is authorized to consent to the services to be rendered. GUARDIAN represents that his/her consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to CAMP is legally sufficient and that no consent from any other person is required by law.

GUARDIAN authorizes use of photos or video take of child at camp for promotional purposes.

________________________________________ Date __________ / ______ / ______
Signature of parent or guardian (If camper is a foster child, the case manager must sign.)
INSTRUCTIONS

Thank you for your interest in Iowa Minnesota Youth Summer Camp at Cedar Springs! To register, please choose between the two options below.

To Register Online:
Visit register.cedarspringscamp.com and follow the prompts to register.

To Register by Paper Form:

1. Complete this form, including the emergency contact information, medical history, grade information and general release.

2. Make sure that you, the parent/guardian, read and sign the release form(s). In the event that your camper is a foster child, you must have a case manager sign.

3. Enclose a check or money order for the appropriate registration fee OR follow the instructions given by your individual church.

If registering with your church group, make checks payable to your local church and return it to your youth pastor/leader.

Otherwise, make check or money order out to “IA MN District” and send registrations to:

Radiant Church
Pastor Ben Mueller
1300 Metro East Dr Ste 106
Pleasant Hill, IA 50327

Camper Information

Full Name ___________________________
Address _________________________________________________________
City ___________________ State ______ Zip ______________ 
Phone Number ( ______ ) _________ - ________________ T-Shirt Size (Adult) ______
Email __________________________ Grade Completed by Camp ______________
Birth date ______ / ______ / ______ Gender: ☐ Male ☐ Female
Church ____________________________________________________________

Parent/Guardian Name(s) ____________________________________________
Phone Number ( ______ ) _________ - ________________ ☐ Home ☐ Cell
Emergency Contact Name _____________________________________________
Emergency Number ( ______ ) _________ - ________________ ☐ Home ☐ Cell
Email __________________________

ALLERGY INFORMATION
Environment __________________________________________________________
Medicine ______________________________ Other ______________________
Food ___________________________________________ Other ______________________

MEDICAL INFORMATION
Recent surgeries or illnesses ___________________________________________
May over-the-counter drugs be given? ☐ Yes ☐ No
Special needs (e.g., medications*, diabetes, asthma, physical/mental/behavioral challenges, communication or cultural difficulties, ADHD, etc.) ___________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

IMMUNIZATIONS
Please specify month/year
DPT ___ / ______
Polio ___ / ______
Tetanus ___ / ______
MMR ___ / ______
Hep B ___ / ______
Other ___ / ______

* All medications must be in original containers and dispensed by camp nurse.

INSURANCE INFORMATION
Insurance Provider ______________________ Policy # ______________________
Address ____________________________________________________________
City ___________________ State ______ Zip ______________ 
Phone Number ( ______ ) _________ - ________________
Insured’s Name ___________________ Birth date ______ / ______ / ______

Please attach a copy of both sides of your insurance card.

PHOTO AND GENERAL RELEASE CONFIRMATION (Please initial the following)
☐ I authorize use of photos or video taken of my child at camp for promotional purposes for Cedar Springs Camp and Christian Camp (Optional)
☐ GUARDIAN of CAMPER has signed the General Release on the bottom of the following page (Required)
Paintball Release Form

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN THE PAINBALL EVENT.

Name: ___________________________ (Please Print) Date of Birth: ______________

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball under the auspices of CEDAR SPRINGS CAMP,
I acknowledge, appreciate and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential of permanent disability and death, and while particular protective equipment and personal discipline will minimize the risk, the risk of serious injury does exist:

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons releases from liability below, and assume full responsibility for my participation and,

3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attentions of the nearest official as soon as practical; and

4. I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CEDAR SPRINGS CAMP, and any of it’s staff whether paid or volunteer, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASES OR OTHERWISE, except that which is the result of gross negligence and wanton misconduct.

5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

__________________________________________ Date Signed: ______________
Participants Signature

__________________________________________ Date Signed: ______________
Parent/Guardian Signature

__________________________________________
Emergency Phone Number (s)