Filling out a Form in Adobe Acrobat Reader:

1. Select the hand tool from the tool bar at the top of the page.
2. Start by positioning the pointer inside the first form field, and left-click. The I-beam pointer allows you to type text. If your pointer appears as a pointing finger, you can select a button, a check box, a radio button, or an item from a list.
3. After entering text or making a selection, do one of the following:
   - Press Tab to the next field or Shift+Tab to go or previous field.
   - Press Enter (Windows) or Return (Mac OS) to turn the check box on or off. In a multi-line text form field, pressing Enter or Return creates a paragraph return in the same form field.
4. Once you have filled in the appropriate form fields, do the following:
   - Click the Signature Field and follow the instructions on the screen (see details in next section).
   - Click the Save Form button to save the form with the data you entered.
   - Click the Email Form button and email the form to the intended recipient.
   - Click the Print Form button to print the form and give a hard copy to your group coordinator or fax it.

Filling out the Signature Field:

When you digitally sign a document, your signature and the related information will be stored in a signature field embedded on the page(s). By signing, whether you use a "typed" or "graphic" rendering of your signature, you are affirming that the form is a legal and binding document. For more information click the following link: http://www.ss.ca.gov/digsig/regulations.htm.

NOTE: You don't have to digitally sign the document. You can print the document and then sign it with an ink pen before faxing it or giving a hard copy to the intended recipient.

IMPORTANT: Sign the document only after you are sure that all the information is correct and accurate.

1. Click the unsigned signature field or choose Document > Digital Signatures > Sign This Document.
2. If the document isn't certified, you are prompted to sign or certify it. Click Continue Signing button.
3. Click the Add Digital ID button, unless you have previously created a digital signature (in this case select the signature you would like to use), and then click OK.
4. In the Apply Signature to Document dialog box, type your password if prompted, and specify the reason for signing the document.
5. Click Show Options button and do the following:
   - Add contact information for validation purposes.
   - Choose a signature appearance. Standard Text displays a validation icon with the name and other information. If you defined a personalized signature, choose it from the menu. To preview your signature before signing the document, click Preview.
6. To sign and save the document, do one of the following:
   - Choose Sign and Save As (recommended) to sign the document and save it using a different filename.
   - This command lets you make changes to the original PDF document without invalidating the signature.
   - Chose Sign and Save if you already saved the document with a different filename. If you make changes to the saved PDF document, you may invalidate the signature.

Pine Summit Christian Camps

CONSENT AND RELEASE OF LIABILITY FORM

THIS DOCUMENT (FRONT AND BACK) CONTAINS A RELEASE OF LIABILITY. PLEASE REVIEW IT CAREFULLY AND SIGN IT.

- please print legibly -

Group Name: _____ Group Date: _____

Full name of Camper: _____ Gender: _____ Date of Birth: _____

I understand and agree that participation at Pine Summit ("Camp'') is a privilege to which I am named above ("Camper") or my minor child named above ("Camper'') is not otherwise entitled. In consideration for that privilege, I am signing this Consent and Release of Liability.

Consent to Attend Camp

I hereby give permission for Camper to attend and participate in the Camp.

Release of Liability

Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in the Camp may involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities, and I expressly assume all risks of Camper's participation, whether such risks are known or unknown to me at this time. I further generally release Pine Summit, and their directors, officers, employees, volunteers, and agents, and other campers at the Camp, from any and all claims against any of them as a result of property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, my minor child (if Camper), and the heirs, family, estate, administrators, executors, personal representatives and assignees.

Consent to Medical Treatment

If Camper experiences an injury or illness, or has other medical needs, I authorize the Camp's employees, volunteers, and agents to make such arrangements for Camper's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release Pine Summit and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the Medical Information section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce Camper's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

Adherence to Policies and Guidelines

I ensure that Camper will adhere to the Camp policies and guidelines. If Camper fails to abide by established rules and/or standards of conduct, Camp staff reserves the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

Medical Insurance Information

Insured's Name: _____ Company: _____ Policy Number: _____

Medical Information (COMPLETE ONLY IF CAMPER IS A MINOR)

Doctor's Name: _____ Doctor's Phone: _____

Date of last MMR: _____ Date of last Hepatitis B: _____ Date of last Tetanus: _____

Are all other vaccinations up-to-date? ☐ Yes ☐ No

Does the Camper have any allergies to drugs and/or food (please write "None" if applicable): _____

_____

_____

Does the Camper have behavioral problems or medical needs we need to be made aware of (write "None" if applicable): _____

_____

_____

Will the Camper be on any medication(s)* while at camp? ☐ Yes ☐ No If yes, please list each and every medication:

_____

** (All medications must be given to camp nurse in original containers with original label attached containing prescription and camper's name)*

The camp nurse has my permission to provide the Camper with non-prescription medicines as deemed necessary. ☐ Yes ☐ No

If yes, please list any over-the-counter medications that should **not** be given: _____

_____

Does the Camper have any physical condition or limitation that would restrict participation in any camp activities? ☐ Yes ☐ No

If yes, please provide details: _____

_____

Does the Camper have? ☐ Sinus Trouble/Hay Fever ☐ Heart Trouble ☐ Epilepsy ☐ Asthma ☐ Diabetes

I represent and warrant that I am the Camper named above or I am a parent or legal guardian of the Camper named above and have the full power and authority to enter into this Consent and Release of Liability. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

_____ _____

Signature Date

_____ _____

Print Name Phone Number:

_____ _____ _____ _____

Address City State Zip

_____ _____

Emergency Contact (if same write "Same") Phone Number

Save Form ... Print Form ... Email Form ...