

ARCTIC BLAST

Please enclose a check (\$55) made payable to CSBC.

After February 12, 2021 add a \$10 late fee.

Mail To: CSBC 4848 36th St SE Medina ND 58457

Camper's Name: _____ Please list one person to bunk with: _____

Address: _____ Church Attending: _____

City: _____ State: _____ Zip: _____ Grade: _____ Gender: _____

Parent/Guardian: _____ Phone Number(s): _____

Emergency Contact: _____ Phone Number: _____

LIABILITY RELEASE FORM

For participation in all of the functions, activities, events or otherwise during the weekend of February 26-27, 2021 at Crystal Springs Baptist Camp, I do for ourselves (myself and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless the camp, organizers, and church sponsors from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the activities and functions of the above mentioned retreat. We (I) on behalf of my child-participant hereby assume all risk or personal injury, sickness, death, damage and expense as a result of participation in recreation and other activities involved therein. We are (I am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said retreat and hereby give our (my) permission to take said participant to the doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any. Further, should it be necessary for said participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

The Coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. It is extremely contagious and is spread by person-to-person contact. By signing this agreement, I acknowledge the risk of my child becoming exposed to or infected with COVID-19 while attending CSBC, and hereby agree to release and hold harmless CSBC, its employees, and guests, of and from any claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Participant's Name: _____ Signature of Participant: _____ Date: _____

Parent/Guardian's Name: _____ Signature of Parent/Guardian: _____ Date: _____

Insurance Company: _____ Policy Number: _____

Comments/Medical Information: _____

Allergies: _____

I give permission for the use of photographs or video including my son or daughter to be used in camp publicity.

Parent/Guardian's Signature: _____