

Camp Killarney

Consent and Waiver Form

Also regarded as: Killarney Lutheran Camp (KLC); Camp Killarney, Lutheran Campsite Association(LCA)
1200 Chisholm Rd, Onsted, MI 49265

KLSC
Form CW
p. 1

Please bring completed form to camp upon Check-in. Forms must be signed for camp participation.

Child's Last Name _____
Child's First Name _____
Date of Birth _____ Age _____
Session Attending _____

General Consent

I hereby give permission for my child/ward to attend Killarney Lutheran Summer Camp at 1200 Chisholm Rd in Onsted MI from _____ until _____.
(Month, date, year) (Month, date, year)

In granting this permission, I assume full responsibility for any damages to person(s) or property by my child or ward. I further agree that in the event of behavior which would warrant dismissal of my child or ward from camp, I will arrange to have my child or ward picked up or assume responsibility for any expenses incurred in returning my child or ward to me.

General Waiver

I acknowledge there are inherent, although rare, risks involved in participating in camp activities. Recognizing the services that are being provided, I release and hold harmless, Killarney Lutheran Camp (Camp Killarney), the Lutheran Campsite Association, associated churches, those doing business with the camp; the owner of the property, board of directors, camp director, staff, employees, and camp visitors from any liability for injuries, including illness and/or death incurred during participation.

Transportation Waiver

I have given _____ permission to travel to and from camp for field trips planned as part of the camps activities. I further give consent for camp employees to transport my child/ward in church or camp owned vehicles, buses or private vehicles. I understand that this transportation is a courtesy to my child in order to allow him/her to participate in an off site camp event. I also agree that Killarney Lutheran Camp (Camp Killarney), the Lutheran Campsite Association, associated churches, those doing business with the camp; the owner of the property, board of directors, camp director, staff, and employees shall have any liability for damage or injury to my child or his/her belongings.

Horseback Riding, High Ropes, Adventure Course Consent

I understand that, neither the Camp, or LCA operate a horseback riding program, High Ropes Course, or an Adventure course on our camp property. All such activities are offered by third parties not affiliated with the Camp or LCA. I acknowledge the inherent risks associated with horseback riding, High Ropes Course, and Adventure Course and hereby waive and release any and all claims of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my child's activities. This consent and Assumption of Risk is effective throughout the camp session for which my child is registered and may not be revoked, altered, amended, or avoided at any time.

High Adventure Consent

The following activities may be offered while your child is at camp. **Please initial by each High Adventure Activity that you permit your child to participate.** Then sign and date below. Your signature means that you give your child/ward permission to participate, if s/he chooses to do so. If you do not wish to initial for one or more of these activities, your child/ward will NOT be allowed to participate in those activities.

Please initial below:

Adventure Course _____	Rock wall/Ropes _____	Overnight/tent Camping _____
Water slide/pool _____	Horse back riding _____	Running Games _____
Archery/Target Sports _____	Travel Groups (R145) _____	Water Craft (boating) _____
Adventure Course/Hiking _____	Aquatics/Swimming (pool/lake) _____	

Photo Release

At times Camp Killarney may take still or moving photos/images while your child is at camp. By signing below, you are permitting Camp Killarney to use any images of you or your child in any camp publications or public areas. I also acknowledge that images may be taken by other participants of the camp program.

Insurance Claims

I understand that the camp, LCA, associated churches, or staff are not obligated to provide medical insurance to its participants. I understand that any personal medical coverage I have will provide primary coverage.

Medical Treatment Authorization

I hereby give permission to Killarney Lutheran Camp to provide first aid/health care, administer prescribed and non-prescribed medications and also, to seek emergency treatment as needed. I also agree to the release of any medical records necessary for insurance or medical purposes. I give permission to KLC to arrange emergency transportation for me/ my child. In the event of an emergency and I cannot be reached, I hereby give permission to the hospital selected by KLC to secure and administer treatment, including hospitalization, for the person named above. To the best of my knowledge, I have listed, on the health form, all of my camper's medical allergies, medications being taken, medical problems, behavior or mental concerns/diagnosis, and other pertinent information. My camper has my permission to participate in all prescribed activities except as noted by me. I realize that this consent is valid for 1 year from the date below. If there are changes I will notify the camp.

I have read and agree to the Camp Killarney Consent and Waiver Form (*KLSC CW p.1-2*) regarding the Assumption of Risk/Liability and Consent/Release for camp participation.

 Print Camper's Name

 Relationship

 Parent/Guardian Signature

 Date

Phone _____ e-mail _____

