

**LUTHERHAVEN MINISTRIES**  
**CAMP LUTHERHAVEN & SHOSHONE BASE CAMP**  
*Summer Youth Camp Registration*

Camper Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Entering in 2010 \_\_\_\_\_ Home Church/City \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Parent Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent/Guardian E-mail \_\_\_\_\_

(All future camper confirmation information is sent via Email)

Camp Date : **July 18 – 23, 2010**

Program: **Pathfinders**

**Liability Waiver and Permissions Agreement**  
**Please Read and Initial Each Section and Sign at the Bottom**

I request that Lutherhaven Ministries enroll my minor child/ward, name \_\_\_\_\_, as a participant in an activity-based camp sponsored by Lutherhaven Ministries at one of its camps or sites. I have reviewed the program information for the camp that I have selected and I am not aware of any reason that it would be inappropriate for my minor child/ward to participate in the program I have selected.

**Known and Unknown Risks**

I understand that my minor child's/ward's presence at and participation in this camp presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the camp is held; from the action of any person in connection with the preparation for, supervision of or conduct of any activity whether planned or unplanned; or from foreseeable or unforeseen elements or factors.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending this camp, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

Initial Here: \_\_\_\_\_

**Medical Release**

I consent to first aid and emergency medical care and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred, including emergency medical transport, as a result of any accident or illness while participating in the program. I give permission for Lutherhaven Ministries to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my minor child/ward for medical care.

Initial Here: \_\_\_\_\_

**Off Camp Release**

I give permission for Lutherhaven Ministries to provide transportation for my minor child/ward to participate in programs conducted off the camps' grounds, when applicable.

Initial Here: \_\_\_\_\_

**Publicity Release**

I agree to allow the use of my minor child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by the camp for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Initial Here: \_\_\_\_\_

Signature of Parent or Guardian of Minor Child or Participant Signature (if 18 years or older)

\_\_\_\_\_ Date \_\_\_\_\_