

Pathways Lutheran Outdoor Ministries

"Providing unique experiences where God encounters people and renews them to live lives of love"



Pathways Day Camp Registration Form

Camper Name _____ M ____ F ____

Address _____ Home Phone _____

City _____ State _____ ZIP _____

Birthdate _____ Age _____ Grade (2016/17 school year) _____

Dietary Restrictions/Special Emotional/Physical Needs

Parent/Guardian _____

Best Contact Phone (____) _____ - _____ Primary email address _____

2nd Parent/Guardian _____

Best Contact Phone (____) _____ - _____ Primary email address _____

Emergency Contact (Other than Parent/Guardian) _____

Emergency Contact Phone Number _____

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Pathways, Inc.

Assumption of Risk, Medical Authorization, and Publicity Consent Form

By signing this release form I agree to release and hold harmless Pathways Inc., its agents, employees, facilitators, and others, (hereby referred to as "Pathways, Inc.") for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in all facets of a Pathways, Inc. program, which may or may not include the Challenge Course program at Camp Emmaus.

If I do voluntarily choose to participate in the program, I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the activities. I understand that Pathways, Inc. has the right to deny participation if there are any safety concerns.

I assume full responsibility for myself for bodily injury, sickness, disease, death, loss, or damage, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the Challenge Course at Camp Emmaus, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as result of my voluntary decision to participate in the Pathways, Inc. program, I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy. In the event of an emergency, I authorize the Pathways, Inc. staff to seek emergency medical treatment.

By signing below I authorize Pathways, Inc. to use any photos or video taken during the visit to Pathways, Inc. in publicity materials for Pathways, Inc.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided below I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

Print Participant Name

Date of Program

Participant Signature

Date

Signature of Parent or Guardian (if under 18)

Date

Print name of parent or guardian

Telephone

Address of participant