



Summer Camp Registration Packet
N7891 US Hwy 12, Elkhorn, WI 53121
262-742-2352...info@lutherdale.org...www.lutherdale.org



PARENT/GUARDIAN PERMISSION SLIP

Campers Name _____ Camp Week _____

1. Parent/Guardian Consent: I hereby certify that I give permission for my camper to participate in the camping program at Lutherdale; be transported to and from all camp activities, emergency situations, outings and field trips on and off Lutherdale grounds, except as noted. Initials: _____

Exceptions: _____

2. I give permission for my camper to participate in the Challenge Course Programs at Lutherdale. This includes the low ropes course, the high ropes course, the climbing tower and zip line. Initials: _____

3. Media Release: I give my permission for photographs and/or video images of my camper to be used in future Lutherdale promotional materials (including the weekly Flash Drive). NOTE: Lutherdale will not add names to any pictures of campers posted on our website or used in our promotional materials. If you select "no" we will not take any pictures of your camper to avoid accidental use in the future, this includes cabin photos and photos posted to BunkOne. Initials: _____

4. Lutherdale Insurance Policy: I understand that the camp insurance policy is strictly secondary coverage. Initials: _____

5. Liability Release: In consideration of acceptance to Lutherdale Bible Camp, I indemnify and hold harmless Lutherdale Bible Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my camper. Initials: _____

6. Authorization for Release of Medical Information: It is my intention that Lutherdale Bible Camp be treated as acting in loco parentis for the camper herein named is a minor. Further, it is my intention that the appropriated representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i.) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii.) in the cases of minors, to provide relevant information to the camp representatives to keep me informed of my camper's health status. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment as may be judged necessary, including hospitalization, medical and/or surgical treatment for the person named above. I will notify the Camp Director if my camper is exposed to or contracts a contagious condition prior to camp. Initials: _____

Parent/Guardian Signature(Required): _____ Date: _____