

Camp MiVoden
National Singles Camp Registration 2009
August 31 to September 7

NAME _____

ADDRESS _____

CITY _____ STATE/ZIP _____

HOME PHONE (____) ____ - _____

CELL PHONE (____) ____ - _____

EMAIL _____ GENDER M F

AGE UNDER 21 21-25 26-35 36-45 46-55 56-64 65+

DAYS ATTENDING (5 MINIMUM) ALL (MON.-MON.)

M TU W TH F SA SU

ROOMMATE PREFERENCES _____

CAMP FEE (INCLUDES RECREATION, MEALS, LODGING) \$335/WEEK

OR \$60/DAY \$ _____

LINEN PACKET \$15 \$ _____

AIRPORT PICK-UP \$30 \$ _____

LATE REGISTRATION (AFTER 8/7) \$35 \$ _____

TOTAL AMOUNT TO CHARGE \$ _____

CARD NO. _____ EXP. _____

TYPE OF CARD MASTERCARD VISA

SIGNATURE _____

MAKE CHECKS PAYABLE TO CAMP MIVODEN

**Activity Disclosure and Release for Participation in Camp MiVoden's Program—
Upper Columbia Conference of Seventh-day Adventist**

Camp MiVoden has done everything reasonable to assure that all aspects of our camp program (including the challenge course, zip line, rock climbing, and horsemanship) have been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity, such as challenge course, zip line, rock climbing or horsemanship, inherent risks exist and may result in serious injury or death. You should only participate if you understand what the activity involves and are willing to assume the inherent risks. Please note, the challenge course, zip line, rock climbing and horsemanship are not required activities. If you have any questions, please call (509) 838-2761 (ask for information about MiVoden) or call (208)772-3484 during the summer.

Contract of Release and Assumption of Risk Agreement

By signing below I acknowledge I have read the above statement. I realize camp activities have inherent risks. I knowingly accept and assume these risks, and agree to release Camp MiVoden, its employees, and the Upper Columbia Conference of SDA, and its parent organizations from liability in case of accident or illness. I also agree that photographs and video footage of me may be used in camp promotional material. I agree to abide by *all* camp regulations and policies and to uphold its objectives.

Signature _____ Date _____

Mail to: Lorene Soderstrom, 5261 Sonora Way, Carmichael, CA 95608