



**PO Box 19039
Spokane, WA 99219-9039
UCC Office - (509) 838-2761 ~ Fax (509) 838-4882
Camp Office - (208) 772-3484 ~ Fax (208) 772-7106**

Youth Name _____

Camp _____

Date _____

Parental Notification Policy

Since all treatment of campers shall be recorded, a record of all emergency and first aid treatment by Camp MiVoden staff and volunteers shall be filled in the Camp MiVoden health and medical files. After the initial examination, the parent or legal guardian shall be notified if condition warrants it, or if sent to see the Camp Physician or to an emergency department.

Cancellation Policy

Camp MiVoden's sessions are from Sunday to Sunday. Discounts are not available for partial week attendance. Refunds may be given for cancellations, minus your deposit upon request. Any cancellations within 10 days of the opening day could also incur an additional fee up to 50% of the total camper fee. Thank you for helping us plan for a fun and safe week for your child or family!

Activity Disclosure and Release for Participation in Camp MiVoden's Program – Upper Columbia Conference of SDA

Camp MiVoden has done everything reasonable to assure that our camp program (including Challenge Course, Rock Climbing, and Horsemanship) has 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. Your camper should only participate after you have read the description of all the activities in the camp brochure and/or camp materials. Please note, challenge course, zip line, rock climbing and horsemanship are not required activities. Should you not want your camper to participate in any of these specific programs, please exclude them in writing on a separate sheet of paper and attach to this form when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call – (509) 838-2761 (ask for information about MiVoden) or during the summer call (208) 772-3484.

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(2) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions names. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this EMERGENCY TREATMENT AUTHORIZATION statement and give my full consent to the terms found therein. (This form may be photocopies for use out of camp.)

Contract of Release Assumption of Risk Agreement

By signing below I acknowledge I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp MiVoden, its employees and the Upper Columbia Conference of SDA, and its parent organizations for liability in case of accident or illness. I also agree that photographs and video of the applicant may be used for camp promotional material. I also agree to abide by ALL camp regulations and policies and to uphold its objectives. If my child is dismissed from camp, for any reason, I (the parent or guardian) will be responsible for picking them up.

Parent/Guardian Signature _____ Date _____

Print Name _____

Applicant Signaure _____ Date _____