## **Camp Kairos Application**

	Sponsored by the Churc	ch of God of Pr	ophecy		
Name:	Male:	_Female:_	_ Date of Birth	1:	_Age:
Address:	City:		State:	Zip:	
Home Phone:	Cell:		Email:	_	
	ontact: Name:				
Camp Attending: DJunio	r Camp, ages 8-12 DTeen Cam	np, ages 13-	19 DPee	Wee, ages	5-7
$\Box$ Youn	ng Adult, ages 18-30 🛛 Winter T	een Retreat	ages 13-19		
Tuition: Junior & Teen O	Camp <b>\$180</b> , Young Adult Camp <b>\$</b>	85, Winter	Гееп Retreat \$85	5, Pee Wee	Camp <b>\$85</b>
Deposit required: \$25					
For questions or more infe	formation you can contact us at: w	www.campk	airoswa.com		
Please mail application ar	nd deposit to :	Corey a	Corey and Michelle McBee		
		1743 S	Oakes St		
Make checks payable to:	Church of God of Prophecy	Tacoma	n, WA 98405		
	Medical In	formation			
Are there any special diet	ary needs? Yes ( ) No ( ) If yes	s, please spe	cify:		
Are there any allergies? (I	bee stings, food, penicillin, etc) Y	es ( ) No (	) Specify:		
Please list any medical co	onditions the camp needs to be awa	are of:			
All medications are to be	administer by the camp nurse for	r campers 1	8 yrs and young	er. The nu	arse will collect the
medications at the time of	registration.				
Are there any activities th	e camper should not participate in	n? Yes () N	No ( ) Specify:_		
Family Physician:	Phone:				
Does your family have he	ealth insurance? Yes ( ) No ( ) If	yes, please	list carrier:		
Jame and address of insurance: Group/ID#					

I understand that if any accident or sickness should occur which requires emergency treatment, the campers private insurance will be considered the primary insurance. Any insurance cover provided under the Church of God of Prophecy Youth Camp, Directors and Staff will not be held liable for any accident, sickness or expense relating to the same. In case of emergency, I understand that every effort will be made to contact the child's parent or guardian. If the parent or guardian cannot be reached, permission is hereby given to the camp staff and /or physician to secure proper treatment for and/or hospitalization and to administer injection, anesthesia, surgery and/or other emergency treatment deemed necessary for the minor child above.

Do you give permission for the summer camper, if under age 18, to participate in water baptism YES NO Photo Disclaimer: I understand that photos and/or videos of the campers may be used for promotional purposes. Initial here \_\_\_\_\_

I understand that in signing this application that my child is agreeing to abide by all the rules, policies and discipline of the camp and set forth by the director and staff. I also understand and agree to the medical treatment as set forth above.

Date:\_\_\_\_\_

Signature ()Parent ()Guardian

Camper Signature	Printed Name of Parent or Guardian	
Office – Date received:	Deposit Received:	_Balance Due:

## COVID-19 CHURCH OF GOD OF PROPHECY GENERAL RELEASE OF LIABILITY

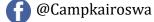
## CAMPER

I, ("Participant") acknowledge the extremely contagious nature of the worldwide pandemic, COVID-19, and that many federal, state, and local governments and health agencies have recommended protocols such as social distancing, temperature checks, and facial coverings. Camp Roganunda and Church of God of Prophecy - Washington & Alaska, Inc. cannot guarantee I will not become infected with COVID-19. I agree, represent, and warrant that I will not participate in the gathering held on the Camp Roganunda premises (Youth Camp or Teen Retreat), whether taking place inside or outside the premises, if I 1) experience symptoms of COVID- 19, or 2) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify Camp Roganunda immediately if I believe any of the foregoing use restrictions apply. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID- 19 by participating in the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp Roganunda employees, other contractors, volunteers, and other participants. I agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, I may experience or incur in connection with my participation in the Event. I release and forever hold harmless Camp Roganunda and Church of God of Prophecy - Washington & Alaska, Inc., its board, directors, officers, employees, agents, contractors and affiliates as well as the Released Parties from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree this release includes any claims based on the actions, omissions, negligence or gross negligence of Camp Roganunda and Church of God of Prophecy - Washington & Alaska, Inc., its board, directors, officers, employees, agents, contractors and affiliates, whether a COVID-19 infection occurs before, during, or after my participation in any Event.

IN WITNESS WHEREOF each party hereto has executed this Waiver by its authorized signatory as of the day, month, and year indicated below, and the Waiver becomes effective upon the date of the last signature hereto. If Participant is a minor (under the age of 18), the signature of parent/guardian, below, is required.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_/\_\_\_



https://campkairoswa.com/