

RELEASE AND INDEMNIFICATION FORM - No one will be admitted without this form

Please note that all forms are due to Galilee by June 30 for summer 2021 programs. Completed forms can be mailed to: Galilee Registrar, PO Box 236, Glenbrook, NV 89413. Scanned copies can be emailed to registrar@galileetahoe.org.

I, the undersigned parent/person having legal custody/guardianship of _____, date of birth _____, hereby: _____ (Please initial below)

Give permission for my child to participate in the Camp Galilee program, which may consist of activities such as long hikes, sleeping outside under the stars, cooking around a campfire and group discussions. I understand that during any transportation, there is a risk of traffic accidents. I have read the description of the program in the camp brochure or website and agree that my child is physically able and mentally prepared to participate in all camp activities/program. _____(initial)

Give permission for my child to participate in the kayaking and/or rock-climbing activities conducted at Camp Galilee. These activities are supervised and led by trained staff. I understand that in rock climbing activities there are risks of falling, equipment failure and being hit by falling objects dislodged by others or by forces of nature. The equipment is inspected before and after each use. I understand that kayaking and/or rock climbing are strenuous physical activities presenting the risk of accident, injury, illness, or death. I also understand that no amount of supervision or care can eliminate the possible danger involved. _____(initial)

Voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Galilee, The Episcopal Diocese of Nevada, liable for any injuries incurred during the program, whether caused by equipment or the acts of omission of others, excepting damage or injury solely caused by the willful misconduct or negligence of Camp Galilee or its employees or agents. _____(initial)

Release Camp Galilee, The Episcopal Diocese of Nevada, its directors, officers, employees, agents, successors and assigns from all liabilities, claims and causes of action, of any kind or nature whatsoever, whether caused by breach of contract or any other fault, in any way relating to or arising at any time out of my child's participation in any activity of Camp Galilee or use of Camp Galilee equipment or facilities. _____(initial)

Assume liability for, and agree to indemnify, protect, and hold harmless Camp Galilee, The Episcopal Diocese of Nevada, its directors, officers, employees, agents, successors and assigns from and against any and all liabilities, losses, damages, expenses (including reasonable attorney fees), claims, suits and causes of action, of any kind or nature whatsoever, in any way relating to the child's participation in the program conducted at Camp Galilee. _____(initial)

Give permission by my optional choice for Camp Galilee and the Episcopal Diocese of Nevada to use photographs or video footage of my child for promotional purposes, including in flyers, brochures, and on the Galilee website and Facebook page. _____(initial)

Give permission for Camp Galilee to transport my child by van to and from nearby off-site nature areas for camp activities. _____(initial)

If any provision of this agreement, as applied to either party or to any circumstance, shall be adjudged by a court to be void or unenforceable, the same shall in no way affect any other provision of this agreement or the validity or enforceability to this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I have read the section above and understand the possible risks. I understand that by entering into this agreement I surrender valuable rights. I do so freely and voluntarily. Date Signed: _____

Parent/Guardian Signature: _____ Name (please print): _____ Email: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

(I)(We), the undersigned, parent(s) of _____, a minor, having legal custody of said minor and having entrusted said minor into the care of the agent(s) hereinafter named, do hereby authorize Galilee Episcopal Camp and Conference Center, Inc. as agent(s) for the undersigned to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital, or at any other place or places.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such examination, diagnosis, treatment or hospital care which may be advised by the aforementioned physician(s).

The undersigned further agree(s) to indemnify and hold harmless the Protestant Episcopal Church in the Diocese of Nevada, each and any of its institutions, societies or subdivisions, and each employee or agent of any of them, from any loss, cost (including cost of investigation or defense of claims and legal fees), liability or damage which may be sustained or may rise out of the performance, non-performance or mis-performance of any examination, anesthetic, diagnosis, treatment, emergency transportation, or hospital care performed as a result of or following any consent or purported consent by said agent(s) hereunder.

This authorization shall remain effective through 12/31/21 unless sooner revoked in writing delivered to said agent(s), no revocation shall render said agent(s) liable, nor place said agent(s) under any duty with respect to any consent given hereunder prior to actual receipt by said agent(s) of such revocation.

Date: _____ Parent/Guardian Signature: _____ Name (please print): _____