

Liability, Waivers, & Insurance

Insurance

Comprehensive general liability coverage must be provided by your organization. You must supply a certificate of insurance in the amount of \$1,000,000. The certificate of insurance holder is to be shown as Camp Anderson Ministries, Inc., 536 NE 168th Ave., Old Town, FL, 32680 and Camp Anderson, Inc.

must be shown as additionally insurance.

Please send all certificates of insurance to Cindy Bloodworth via email / cbloodworth@campanderson.org
Certificates of insurance are due 30 days prior to your camp date.

Below is the Permission to Treat Authorization and Liability language included in each individual registration form. Each individual must fill out a registration form in order to complete the necessary waivers for camp.

Permission to Treat Authorization

I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes. If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

Release of Liability and Assumption of Risk (Read before signing)

I, the undersigned, am a 'Participant' in the Camp Anderson program or I am the parent /legal guardian of the person above, who is, with my permission, a 'Participant' in the Camp Anderson program, sponsored by Camp Anderson, and others for my benefit.

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED IN CAMP ANDERSON ACTIVITIES INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns hereby agree to hold Camp Anderson Ministries and its officers, agents, trustees, land owners, sponsors, volunteers, and employees harmless from and against any and all liabilities, actions, causes of actions, claims, expenses, and damages suffered on account of any injury to me or my property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in the activities or any activities, acts, or events associated therewith, including but not limited to any transportation provided or involved in such activities. I expressly agree that this release agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and Georgia and that if any portion of this Release is held by any court of competent jurisdiction to be invalid

or unenforceable, it is agreed that the balance of the Release shall, notwithstanding, continue in full legal force and effect. This Release contains the entire agreement between Camp Anderson Ministries and me or Camp Anderson Ministries and the camper, that I am the legal guardian of, and the terms of this Release are contractual and not mere recital.

- Many of the Camp related activities provide desirable experiences that are accompanied by inherent risk that are often higher than normal daily life risks.

I am aware and understand that participating in activities while at Camp Anderson, including, but not limited to, use of water blob, tubing behind jet ski, snorkeling, snuba or swimming in the river, ocean, or swimming pool, Paintball, Marksmanship with pellet rifles, riding in a boat or Airboat in the river or ocean, wilderness activities, field sports, and all other camp related activities including work related activities, include the potential risk of injury or death. Some of these risk include (but are not limited to), accidents with fire arms, accidents related to swimming, boating or water sports, including drowning, attacks from wildlife in the water and on land, transportation accidents, physical strain related to strenuous field games and work related accidents for volunteers and paid employees.

- I understand that it is normal for camps of this nature including Camp Anderson to utilize volunteer staff and staff that is under 18 yrs. old and that these staff members may not have extensive professional training. While Camp Anderson attempts to provide adequate instruction, policies and procedures, there are inherent risk involved with participating in activities and events that include supervision and oversight by non-professional staff members. Some of the risk include injury or death that may be a result of the staff members oversight of potential hazards, lack of judgment in analyzing risk, lack of proper judgment in prevention of risk and other negligent (but not grossly negligent or intentionally wrong) acts.

I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of the risks, my own physical health, physical abilities and medical condition.

- I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.
- I willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold Camp Anderson, the Ministry, its sponsors, Land owners, its employees, its volunteers, its instructors, facilitators and agents and participants harmless for any liability arising out of my participation in the program. Should Camp Anderson Ministries or anyone acting on their behalf of, or in connection with, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold Camp Anderson Ministries and its sponsors, Land owners, its employees, its volunteers, its instructors, facilitators and agents and participants harmless for all such fees and costs.
- I authorize the Camp Anderson to have and use photographs, slides and videotapes of the person named above as needed for its records and marketing purposes.