

PVCC Liability Release Form
Important Information that Requires Parent Signature

Participant Name: _____

Address: _____

City, _____ State: _____ Zip: _____

I understand that participants attending a camp session at Prairie View Christian Camp will be offered an opportunity to participate in multiple recreation options including, but not limited to, swimming, paintball, rock climbing, rappelling, and zip line. Additionally, Junior High and High School participants may be offered an opportunity to Trap Shoot. I fully understand and acknowledge that 1. risks and dangers exist in the participation in and use of high ropes elements and operating a firearm; 2. that participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death, or other ailments that could cause serious disability; and 3. by giving myself/my child permission to participate in these activities and use this equipment, I assume all risks and dangers and all responsibility for any losses and/or damages incurred while participating in these activities.

Parent Initials _____

To the best of my knowledge, myself/my child is physically and emotionally able to take part in the camp program. In the event of a medical emergency, I give permission to the volunteer medical person selected by the camp management to do whatever is necessary for the health of my child as named on this form. I hereby release the camp from any responsibility other than normal supervision and care. In case of an accident, I will not hold Prairie View Christian Camp, their staff members, management, or officers liable. I have reviewed this form and certify that all appropriate medical information is included.

Parent Initials _____

I recognize that this is a Christian camp, that the Bible will be studied, and that camp conduct will be expected that is consistent with Christian Values.

Parent Initials _____

I also give my permission for any appropriate photographs/videos to be used for future Prairie View Christian Camp promotional purposes.

Parent Initials _____

The Zip Line Weight Limit is 250 lbs. My weight is below 250 lbs. YES___ NO___.

Participant Signature. _____ Date _____

Legal guardian Signature _____ Date _____

