



# CODES RELEASE WAIVERS

This form must be completed by **ALL** Adults attending Camp.

## GENERAL RELEASE WAIVER:

I have asked Mile High Ministries (hereinafter "Camp") to be allowed to participate in activities offered at Camp. Activities may include but are not limited to: archery, rock climbing, low ropes course, gaga ball, sports, hiking, zip line, waterfront, swimming. I acknowledge and understand that: (1) Camp activities involve physical exertion and other risks, (2) the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist, (3) the need/requirement to participate in the activities in accordance with the rules that are given and to follow directions given by Camp staff, (4) it is my responsibility to wear any and all safety gear deemed necessary by Camp, (5) my physical and mental condition will enable me to participate safely in the activities. I waive and release any and all claims, demands, actions, causes of action and rights (contingent, accrued, inchoate, or otherwise), defend, and hold Camp harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorney's fees and costs) arising out of, or in any way related to my participation in activities at Camp, whether caused by Camp's active or passive negligence or otherwise.

**Initials:** \_\_\_\_\_

## IMAGE RELEASE WAIVER:

I give my permission to Camp to use any photographs, video and audio of me for any promotional materials, including Camp websites and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

**Initials:** \_\_\_\_\_

## MEDICAL RELEASE WAIVER:

I give Camp permission to provide or arrange necessary transportation, to secure and administer proper treatment as needed, and give permission to release any records necessary for insurance purposes. Camp may also give information as necessary to all those who may be caring for me at camp. The camp first aid personnel, director, or teachers may give pain relievers to me for minor ailments/complaints such as applying calamine lotion, or equivalent, for plant-related rash reactions, allergy medication, basic first aid, and other care based on the level of training may be given. I understand that camp personnel may not call my emergency contacts before treating minor ailments during my stay. I gives Camp consent and permission to communicate with my primary care physician and gain counsel regarding the possible effects of medication as needed.

**Initials:** \_\_\_\_\_

## INFECTIOUS & CONTAGIOUS DISEASE WAIVER:

The novel coronavirus, COVID-19, is no longer a worldwide pandemic but is still around. As a result, federal, state, and local governments and agencies recommend industry specific mitigation measures including but not limited to vaccination, mask wearing, increased personal hygiene practices, increased cleansing and sanitization procedures. We are maintaining compliance with local and federal mandates to ensure your safety and have enacted preventative measures and programming adjustments to reduce the spread of COVID-19, but we cannot guarantee that you or your family members will not become infected with COVID-19.

By participating in programs, services, and activities at our facility, you agree to the following:

I hereby release, covenant not to sue, discharge, and hold harmless Camp, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services, or activities. I understand and agree that this release includes any claims based on the actions, omissions,

Participant's Name: \_\_\_\_\_

School: \_\_\_\_\_

or negligence of Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp-hosted or programmed event.

Parent/Guardian Signature (for all 4 waivers): \_\_\_\_\_

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

CODES at Mile High | 909-794-2824 x102 | www.codesschool.com | 42739 State Hwy 38, Angelus Oaks, CA 92305

CODES at Alpine | 909-337-3800 | 415 Club House Dr., Blue Jay, CA 92317

I opt out of promotional/marketing outreach.

## EMERGENCY CONTACT INFO:

Name: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_

Gender:  Male  Female

School: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Primary Emergency Contact: Mr. Mrs. Ms. Dr. (required): \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Evening Phone: \_\_\_\_\_  
(if different)

Address: \_\_\_\_\_

Secondary Emergency Contact: Mr. Mrs. Ms. Dr.: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Evening Phone: \_\_\_\_\_  
(if different)

Address: \_\_\_\_\_  
(if different)

## HEALTH HISTORY:

1. Do you have any physical limitations, conditions, or difficulties? If so, please describe them & give instructions for accommodation (e.g. diabetes, epilepsy, mobility concerns): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you bringing personal medication to camp? (If so, please store it in an area that is out of reach of others, and do not dispense medication to students.)  Yes  No

3. Please indicate all of your dietary considerations:

Peanut allergy, severity: \_\_\_\_\_

Bringing an Epi-Pen for a food allergy

Wheat allergy, severity: \_\_\_\_\_

\*Vegetarian & **WILL** eat soy products

No pork

\*Vegetarian & **WILL NOT** eat soy products

No red meat

\*Gluten-free (medical reason)

Participant's Name: \_\_\_\_\_

School: \_\_\_\_\_

- Egg allergy (**CANNOT** eat egg at all)
- Egg allergy (baked goods with egg are ok)
- Shellfish allergy
- \*Soy allergy
- \*Vegan
- Other: \_\_\_\_\_
- \*Gluten-free (lifestyle choice)
- Lactose intolerant, I **CANNOT** eat/drink (circle below):  

<input type="checkbox"/> Milk	<input type="checkbox"/> Pizza	<input type="checkbox"/> Cheese	<input type="checkbox"/> Ice cream
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- Lactose intolerant, but baked goods made with dairy are ok
- None

\*Camp cannot avoid all allergens, but strives to keep a nut-free main menu; some of our products are manufactured in facilities that also process meat, egg, nuts, soy, dairy, and gluten products. **If you cannot have these foods, you will need to bring meal/snack substitute.**

**If you are a vegan, a vegetarian who does not eat soy, if you cannot eat egg at all, cannot have dairy in baked goods, OR a have combination of these and other dietary considerations you MUST bring your own food substitutes.**

4. Please specify how the above dietary considerations will affect you:

- I will bring meal/dessert/snack substitutes with me to camp.
- I will self-moderate and will not need substitutes for meals.

5. Date of last Tetanus booster: \_\_\_\_\_ (Should be within the last 10yrs, or as advised by your physician).

6. Date of last Physical: \_\_\_\_\_

7. Do you consider yourself to be in good health overall?       Yes       No

8. Please check the box if you currently have or have a history of:

- |                                               |                                          |                                                                                            |
|-----------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Seizures/epilepsy                                                 |
| <input type="checkbox"/> Bronchitis/Pneumonia | <input type="checkbox"/> Hernia(s)       | <input type="checkbox"/> Tuberculosis                                                      |
| <input type="checkbox"/> Currently pregnant   | <input type="checkbox"/> Kidney disease  | <input type="checkbox"/> Exposure to someone with an infectious disease in the last 5 days |
| <input type="checkbox"/> Deaf/Hard of hearing | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Any other serious illness or operations                           |

Explain any accommodations needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please note any serious and relevant health changes, problems, or illnesses you've experienced in the month prior to attending camp. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERY IMPORTANT:** If you have a severe allergy that causes anaphylactic shock, please bring **2 Epinephrine kits to camp.** If your doctor's orders are to use Benadryl in conjunction with an Epi-Pen, bring **both** with you to camp. Report these medications on the Medical Form (a separate form).

Participant's Name: \_\_\_\_\_

School: \_\_\_\_\_

## **ACKNOWLEDGEMENT & RELEASE OF LIABILITY:**

I understand that:

- A. If I am dismissed from camp due to illness, injury, rule or policy breaches, or for any other reason, no amount of the fees paid to Camp shall be refunded if I did not withdraw from the program at least two (2) weeks in advance of the camp start date.
- B. If I am dismissed from Camp for any reason, I will vacate the premises immediately, regardless of time of day, condition, or convenience.**
- C. I cannot attend camp if my primary residence is currently lice or bed bug infested or has any other pest infestation.
- D. I cannot attend camp if I am recovering from a contagious disease or illness, or if I have been exposed to an individual exhibiting symptoms of COVID-19 within the last five (5) days.
- E. If I become ill, contract, or suffer from conditions or symptoms as a result of another camper unknowingly or knowingly bringing pests, infections or disease to camp, Camp is not liable.

I am consenting and agreeing to attend Camp, abide by the policies, procedures, and traditions of Camp, and to participate in the activities involved. I give my permission for the Camp Director or designated camp staff to obtain qualified medical/surgical assistance and/or administer aid, in the event of a personal accident or my illness with the understanding that my emergency contact(s) will be consulted if advanced medical or surgical attention is necessary.

**Parent/Guardian Signature:** \_\_\_\_\_

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