



Please complete all sections of this page. Initial sections where applicable to your camper.

Initial only in the presence of a Notary Public.

Camper Name: _____ Camp Session: _____

Parent/ Guardian Authorization

In signing this form:

- I accept full responsibility for my child in the case of bodily injury, death, loss of personal property and expenses thereof, as a result of her/ his negligence and waive any claims or demands which I or any member of my family may have against Presbyterian Camp and Conference Ministries, Inc. (Cedarkirk Camp and Conference Center), its employees or board. If there is any question of ability for my child to participate I will inform Cedarkirk PCCM staff prior to allowing my child to participate. My child has the personal responsibility to follow established rules and procedures associated with each activity. I acknowledge the nature of the activities and the fact that not all the stresses and hazards connected with the activities can be foreseen. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I permit my child to participate in the activities of this camp.
I hereby certify that the registration and health form already submitted is correct.
I give permission for the use of photography and video recordings of my child in camp publicity.
I give permission for my child to be transported in camp-owned vehicles for approved out-of-camp activities.
I give permission for the release of medical records to medical professionals in the event of injury or illness.
I give permission for non-prescription medication to be given to my child under the supervision of a health care professional.
I understand that in the event of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

Yes, I give my authorization.
No, I do not give my authorization.

Campers 12 and Older—Challenge Course

Cedarkirk's High Ropes Challenge Course consists of 15 challenges suspended 24 feet in the air from telephone poles. It is designed, built, and certified by a company specializing in camp ropes courses. Our procedures and equipment are designed to keep your child safe at all times, while allowing them the opportunity, if they so choose, to challenge their abilities.

Yes, my child will be 12 years or older when they attend Cedarkirk. I give my permission for them to participate on our High Ropes Challenge Course, and agree to the waiver above.
No, I do not give permission for my child to participate on the High Ropes Challenge Course.

Climbing Wall—All Campers

Cedarkirk's climbing wall stands at 25 feet and has four climbing lanes with hydraulic belay systems for the descent. I give permission for my child to participate. I understand that this activity will be supervised by trained staff.

Yes, I give my child permission to participate on the Climbing Wall.
No, I do not give permission for my child to participate on the Climbing Wall.

Zip Line—All Campers

Cedarkirk has two zip line courses, the largest having a launch platform at 19 feet high with a distance of 200 feet of cable. This program is supervised by trained staff and participants are harnessed to the course prior to reaching the launch platforms.

Yes, I give my child permission to participate on the Cedarkirk zip lines.
No, I do not give my child permission to participate on the Cedarkirk zip lines.

Tampa Bay and Peace River Presbyterians: The prices listed in the brochure reflect the price after Tampa Bay and Peace River Presbytery subsidies. If you are a member of a church in these two presbyteries, you must have the following signed in order to receive the listed price. All others please add \$30 to the price of each camp session as indicated in the brochure.

Signature of Minister, Youth Leader, or DCE: _____ Date _____

Legal Restrictions

Is there anyone legally restricted from seeing your child? ___ no ___ yes (If so, name: _____)

Signature of Parent/ Guardian (sign in presence of notary)

By signing below, I agree to the above, exceptions noted with initials.

_____ Date _____

The foregoing instrument was acknowledged this _____ day of _____ by _____ (name of signer), who personally appeared before me and acknowledged that s/he signed the instrument voluntarily for the purposed expressed in it.

Signature of Notary _____
Date: _____, 2008
State of _____ County of _____
Personally Known/ ID provided: _____

Notary Stamp/ Seal