



# Summer Camp Application

Please fill out, print and drop off at Extreme Family Outreach  
801 C. Philadelphia Road, Joppa, MD 21085 or  
text a picture of contract to 443-243-6619 for Marlyn Gambrill

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Grade Completed (as of June) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Roommate Request (choose one) \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Person Authorized to Pick-Up Camper \_\_\_\_\_ Relation to Camper \_\_\_\_\_

## PROGRAM CHOICES (write camp program name & week #)

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

### MEDICAL HISTORY (Please mark all of the following that apply to this camper)

- |   |   |
|---|---|
| <input type="checkbox"/> Contacts/Glasses                     | <input type="checkbox"/> Previous Hospitalizations or Surgeries   |
| <input type="checkbox"/> Hard of Hearing/Deaf                 | <input type="checkbox"/> Chronic or Recurring Illness (not previously listed)   |
| <input type="checkbox"/> Recent Head, Back, or Neck injury    | <input type="checkbox"/> Emotional, Social, Learning, or other Mental Health Concerns<br>(ADHD, Anxiety, Depression...) |
| <input type="checkbox"/> Seizure Disorder                     | <input type="checkbox"/> Issues related to sleep (insomnia, night terrors, bed wetting...)                              |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> Activity Restrictions  |
| <input type="checkbox"/> Existing Heart Conditions            | <input type="checkbox"/> Other Concerns not previously listed   |
| <input type="checkbox"/> Diabetes                             |   |
| <input type="checkbox"/> Diarrhea, Constipation, or GI issues | <i>If 'Yes' to any of the above, please explain:</i>  |
| <input type="checkbox"/> Skin Conditions                      | _____   |
| <input type="checkbox"/> Joint Problems (recent or chronic)   | _____   |

- Allergies (non life-threatening environmental, medication, food)
- Severe or life-threatening FOOD allergies\*
- Other Severe or life-threatening allergies

**Please list the allergen and describe the allergic reaction:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*You must fill out an Epinephrine auto-injector form if needed. If your child requires food substitutions for what is on the menu, you must contact the Food Services Director at least 2 weeks before the camp session to place an order for menu options:  
[chef@rivervalleyranch.com](mailto:chef@rivervalleyranch.com)*

Will your child bring sunscreen to camp with them?  YES  NO If Yes, brand: \_\_\_\_\_

I authorize RVR staff to assist my child in applying sunscreen if needed.  YES  NO

If my child's sunscreen is unavailable, I authorize the use of sunscreen at RVR.  YES  NO

The following list of medications may be administered on an as needed basis per standing orders from RVR's camp practitioner. Will be administered per package instructions for age/weight. Any medications NOT listed below require authorization from the participants primary care provider. **Please mark any of the following medications you DO NOT authorize RVR staff to administer to your camper:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Tylenol (Acetaminophen)       | <input type="checkbox"/> Cough Drop/Throat Lozenge        | <input type="checkbox"/> Antiseptic Spray          |
| <input type="checkbox"/> Advil (Ibuprofen)             | <input type="checkbox"/> Antacid (Turns or Pepto- Bismal) | <input type="checkbox"/> Burn Gel with Lidocaine   |
| <input type="checkbox"/> Aleve (Naproxen Sodium)       | <input type="checkbox"/> Anti-Diarrheal                   | <input type="checkbox"/> Caladryl (anti-itch)      |
| <input type="checkbox"/> Benadryl (Diphenhydramine)    | <input type="checkbox"/> Simethicone (anti-gas)           | <input type="checkbox"/> Calamine Lotion           |
| <input type="checkbox"/> Sudafed (Pseudoephedrine)     | <input type="checkbox"/> Allergy Eye Drops                | <input type="checkbox"/> Chloraseptic Throat Spray |
| <input type="checkbox"/> Phenylephrine (decongestant)  | <input type="checkbox"/> Analgesic (Anbesol/Orajel)       | <input type="checkbox"/> Hydrocortisone Cream      |
| <input type="checkbox"/> Cough Suppressant/Expectorant | <input type="checkbox"/> Antibiotic Ointment              | <input type="checkbox"/> Hydrogen Peroxide         |
|  | <input type="checkbox"/> Anti-Fungal Cream                | <input type="checkbox"/> Topical Muscle Rub        |

If any of the following medications are taken on a regular basis, BRING to camp in original packaging:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cetirizine (Zyrtec)    | <input type="checkbox"/> Levocetirizine dihydrochloride (Xyzal)      | <input type="checkbox"/> Melatonin    |
| <input type="checkbox"/> Loratidine (Claritin)  | <input type="checkbox"/> OTC allergy nasal sprays (Flonase/Nasacort) | <input type="checkbox"/> Multivitamin |
| <input type="checkbox"/> Fexofenadine (Allegra) | <input type="checkbox"/> Stool-softener (Colace/Miralax)             | <input type="checkbox"/> Lactaid      |

Please indicate if your child is currently taking any medication (or will be) during camp. Please list below:

**(NOTE: Must be accompanied by Medical Authorization form, signed by physician. Download at [rivervalleyranch.com/camp-forms](http://rivervalleyranch.com/camp-forms))**

<b>Medication:</b> _____	<b>Dose:</b> _____	<b>Route:</b> _____	<b>Frequency:</b> _____	<b>Reason:</b> _____
<b>Medication:</b> _____	<b>Dose:</b> _____	<b>Route:</b> _____	<b>Frequency:</b> _____	<b>Reason:</b> _____
<b>Medication:</b> _____	<b>Dose:</b> _____	<b>Route:</b> _____	<b>Frequency:</b> _____	<b>Reason:</b> _____
<b>Medication:</b> _____	<b>Dose:</b> _____	<b>Route:</b> _____	<b>Frequency:</b> _____	<b>Reason:</b> _____
<b>Medication:</b> _____	<b>Dose:</b> _____	<b>Route:</b> _____	<b>Frequency:</b> _____	<b>Reason:</b> _____

## EMERGENCY CONTACTS (provide 3 emergency contacts)

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

## IMMUNIZATIONS

**Is camper a US resident?**  YES  NO\*

*\*Campers coming from outside the US must have a copy of their immunization record, completed in or translated into English. Download at [www.rivervalleyranch.com/camp-forms/](http://www.rivervalleyranch.com/camp-forms/)*

**Is participant exempt from immunizations because of parent/guardian objection or medical reasons?**

List all immunization exemptions: \_\_\_\_\_

**What was the month/year of the camper's last tetanus shot?** \_\_\_\_\_

## PHYSICIAN & INSURANCE INFORMATION

Does the participant have a Primary Care Provider/Physician?  YES  NO

If 'NO', provide the name of the last physician or facility the participant was seen by,

\_\_\_\_\_

along with the phone number: \_\_\_\_\_

PCP/Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Provider \_\_\_\_\_

Claims Address \_\_\_\_\_

Claims Phone # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Holder's DOB \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## MEDICAL RELEASE STATEMENT (please read & sign)

This health history is correct and complete as far as I know. The completed health information form may be printed/ photocopied for trips out of camp.

I agree that RVR, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and defend RVR, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child or property damage during my or my child's attendance at RVR. The minor child herein has permission to engage in all camp activities as described on the activities waiver unless otherwise noted on the health information form. While RVR has safety protocols in place to manage allergen related issues, I understand that a minor with specific allergies or intolerances has a role and responsibility in the avoidance of the known allergen. I agree to educate my child, who has allergies or intolerances, to ask questions, read labels, or abstain from the substance in question when in doubt.

I hereby give permission to the camp to provide basic first aid, and administer prescribed medications as authorized by my child's PCP. I also give permission for RVR to administer camp stocked over-the-counter medications on an "as needed" basis, as indicated on the health form, and as directed by the camp practitioner. I give permission to RVR to seek emergency medical treatment including ordering x-rays or routine tests. In the event of an emergency, I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the practitioner selected by the camp to secure and administer treatment, including hospitalization, for my child.

I hereby authorize RVR's health officials to share health information and health history with the other staff members on a need to know basis. This includes the camp director, program directors, and counselors that have the minor in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. I agree to the release of any records necessary for insurance purposes. The health information that may be disclosed will be from the Health Information Form, Medication Authorization Form and Immunization Records. I authorize release of medical information to RVR's camp practitioner, for necessary treatment while attending camp. I also authorize the release of medical information from my child's PCP office to RVR if necessary. This authorization is valid for the summer of the year dated alongside signature below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to aid in the treatment and care of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# RVR Summer Camp Release and Waiver Agreement



Name of Participant (printed) \_\_\_\_\_ (hereinafter "Participant") Age \_\_\_\_\_

IF Participant is UNDER 18, Name of Parents/Legal Guardians (printed):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (hereinafter "Guardians")

1. This Release and Waiver Agreement (hereinafter "Agreement") is made this day \_\_\_\_\_ (month/day/year) by and between:

(1) Participant, if Participant is over the age of eighteen (18), and any of Participant's heirs, beneficiaries, personal representatives, or assigns; OR (2) Guardians, if Participant is under the age of eighteen (18), and any of Participant's and Guardians' respective heirs, beneficiaries, personal representatives, or assigns (hereinafter "Releasers");

AND  
Peter & John Radio Fellowship, Inc., River Valley Ranch, L.L.C., & their principals, directors, officers, agents, employees, and volunteers (hereinafter "Releasees").

2. **Assumption of the Risk and Safety.** In consideration of being allowed to participate in any activities at River Valley Ranch, including for the date(s) of (dates) \_\_\_\_\_ Releasers hereby acknowledge and assume the risks of injury or damage, including but not limited to property damage, personal injury, and/or death, involved in participating in any activity offered by River Valley Ranch including, but not limited to: paintball(including the use of compressed air paintball markers), skateboarding, zip line, giant swing, high and low ropes course, climbing tower, challenge course, swimming, camping out, archery, archery tag, air rifles, aeroball, bubble ball, inflatables, gaga ball, hiking, tree climbing, steer wrestling, roping, rodeo games, horseback riding, and horsemanship ground lessons. Releasers further understand that participation in these activities contains risks that Releasers appreciate and voluntarily assume. Releasers give their express permission for Participant to participate in the program as designed by River Valley Ranch. Releasers further agree that any individual, including minor children, who intend to participate in any activity at River Valley Ranch shall participate in all safety training and wear all safety equipment provided by River Valley Ranch for any of the above activities that require it.

3. **Waiver of Liability.** Releasers hereby release, remise, acquit, and forgive Releasees from any and all liability of any nature, including negligence, breach of contract, for any and all injury or damage (including but not limited to property damage, personal injury, illness, paralysis, and/or death) to Releasers as the result of Releasers' participation in any of the activities at River Valley Ranch, including but not limited to any such injury or damage resulting from the sole negligence of Releasees, but not including any such injury or damage resulting from the intentional actions and/or gross negligence of Releasees.

4. **Waiver of Claims.** Releasers hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against Releasees for any and all injury or damage(including but not limited to property damage, personal injury, illness, paralysis, and/or death) to Releasers as a result of Releasers' participation in any of the activities at River Valley Ranch, including but not limited to any such claim, lawsuit, complaint, charge, or cause of action resulting from the intentional actions and/or gross negligence of Releasees.

5. **Indemnity.** In addition to and not in substitution of any other indemnification obligations of Releasers under this Agreement and/or applicable law, to the fullest extent permitted by law, Releasers shall defend, indemnify, & hold harmless Releasees from & against any & all claims, damages, expenses, costs, fines, penalties, attorneys' fees, liens, mechanic's liens, suits, judgments & any other liabilities of any kind, including, but not limited to, liabilities for property damage, personal injury, or death arising out of or resulting from or in connection with any acts or omissions of Releasees that arise out of or relate to Releasers' participation in any activities at River Valley Ranch, regardless of whether or not caused in part by Releasees.

6. **Releasers' Understanding.** Releasers agree that that this Agreement is not the product of grossly unequal bargaining power, and that Releasers have had a full and fair opportunity to review the provisions of this agreement and seek legal counsel regarding the legal ramifications of this Agreement. Releasers further agree that this Agreement does not amount to or relate to a transaction affecting the public interest. Releasers expressly acknowledge that participation in any camp or activity at River Valley Ranch is entirely voluntary, and that Releasers assent to the terms of this Agreement as a precondition to being permitted to participate in any activity at River Valley Ranch. Releasers expressly acknowledge that they are completely waiving their right to sue Releasees for any reason, including negligence or any legal basis for any damages that Participant and/or Releasers may suffer as a result of participation in any activity at River Valley Ranch (except for damages caused by Releasees' intentional acts or gross negligence). If this Agreement is signed by Guardians, Guardians expressly acknowledge that they are completely waiving their right to sue Releasees for any damages that Guardians or their minor child, Participant, may suffer as a result of participation in any activity at River Valley Ranch (except for damages caused by Releasees' intentional acts or gross negligence).

7. **Agreement Binding upon Heirs and Beneficiaries.** It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, beneficiaries, and assignees.

8. **Governing Law.** The agreement is deemed to be entered into the State of Maryland and to be governed and enforced pursuant to the law of the State of Maryland.

9. **Jurisdiction.** All claims or disputes arising out of or related to this agreement or from Participant's participation in any activity at River Valley Ranch shall be brought and maintained in the courts of Carroll County, Maryland. Releasers expressly consent and submit to the exclusive jurisdiction of such courts.

10. **Severability.** If any provision in this Agreement shall be held invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

11. **Transportation.** Releasers give their permission to River Valley Ranch to transport any camp participant from one activity to another by an authorized member of the River Valley Ranch staff and within an authorized River Valley Ranch vehicle, if deemed necessary by River Valley Ranch.

12. **Consent to Be Photographed.** Releasers give permission and consent to be photographed and/or filmed during activities and while on premises at River Valley Ranch (RVR). Releasers further give permission and consent that any such photographs may be published and used by River Valley Ranch and the American Camp Association® and its agents, to illustrate and promote the camp experience, River Valley Ranch and its programs, or the American Camp Association.

I HEREBY CERTIFY THAT I HAVE READ & UNDERSTAND ALL OF THE FOREGOING TERMS OF THIS AGREEMENT & EXPRESSLY ASSENT THERETO.

IF Participant is OVER 18 Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

IF Participant is UNDER 18 Signature of first Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of second Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Extreme Family Outreach  
801 C. Philadelphia Road  
Joppa, MD 21085  
410-676-1212

Participation Waiver

Extreme Family Outreach is very excited about the opportunity for your child to attend a life changing experience at a Christian Camp this summer.

In consideration of the camp offer at River Valley Ranch from Extreme Family Outreach for \_\_\_\_\_ on July 2, 2023, to July 7, 2023.

I understand the Extreme Family Outreach assumes no responsibility for injuries or illnesses which my child may sustain as result of their physical condition or resulting from their participation in any athletic activities, sports program, the use of any equipment, exercise or other activities at camp. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for all injuries and illnesses which my child may receive as a result from their participation at camp. I hereby release and discharge Extreme Family Outreach, its agents, assigns and/or employees from all claims for injury, illness, death, loss or damage which my child may suffer as a result of their participation at camp. I understand that Extreme Family Outreach is not responsible for personal property lost or stolen while participant is on the camp premises.

I have read and agree to the above waiver, release and hold harmless agreement.

Signature Parent or Guardian (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Photo Waiver

I understand that while my child participates in this program their photograph or video image may be taken. I give my permission for Extreme Family Outreach to use, without limitation or obligation, photographs, video footage or recordings which may include my child's image for the purpose of promoting Extreme Family Outreach camp sponsorship program.

Signature Parent or Guardian (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone Number \_\_\_\_\_