

Registration Form / Consent and Release Form -2024 -

REGISTRATION FORM JULY 16-20,2024:

| Please return one form for each child attending, complete front and back. This form may be copied. (Please print clearly) |
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| Camper's Name: |
| Mailing Address: |
| City: |
| State: Zip: |
| Email:(optional) |
| Phone: (|
| Age: Male: Female: |
| Allergies or other health concerns we should know about? |
| Home Church: |
| IN CASE OF EMERGENCY CALL: |
| Name: |
| Phone: (|
| Secondary emergency contact: |
| Phone: (|
| The cost is \$85.00 (Canadian \$110) postmarked by June 25 th . Late registrations \$95.00 (Canadian \$120) postmarked after June 25 th , payable to Camp Victory. |
| Note: This fee covers all expenses (meals, lodging, activities) except the snack shop (Pop, Chips, Candy, etc.) |
| CHECK ALL THAT APPLY. |
| • \$85.00 US Funds/\$110.00 Can Funds (Registration postmarked by June 25 th) |
| \$95.00 US Funds/\$120.00 Can Funds (Late Registration postmarked after June 25 th , no late registrations accepted after July 7 th . |
| O Donation for Camp Cabin Improvements. O\$10 O\$25 O\$100 Other |
| Please <u>send</u> Registration Form/Consent and Release Form postmarked by June 25 th to: Camp Victory, |

P.O. Box 292, Harvey, North Dakota 58341.

CONSENT AND RELEASE FORM:

I, the undersigned parent or guardian, hereby consent to my child, named on this registration, to attend Camp Victory and be involved in all camp activities, including transportation to and from, and participation in, off campus activities. If there are activities I do not wish my child to be involved in, I have listed them below. I also authorize the staff members of Camp Victory to provide and secure emergency medical care should any emergency occur while my child is at camp.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED DURING SAID YOUTH CAMP. I do hereby agree to release and hold Victory Baptist Church and Camp Victory and its employees and volunteers harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the church camp or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of North Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

| Name of Parent or guardian: (please print) |
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| Signature of parent or guardian: |
| I do not wish my child to be involved in the following |
| |

Date: