

RAIN Unlimited, Inc.

# CAMPER APPLICATION

# CAMP RAIN

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Male/ Female Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Please attach a list of all medical conditions and medications with pharmacy labels and directions:

Medical Insurance Company \_\_\_\_\_ Insured ID# \_\_\_\_\_ Policy Holder DOB \_\_\_\_\_

Initial if your child can be administered OTC Meds \_\_\_\_\_ **IMPORTANT INFORMATION: PLEASE CHECK YOUR**

**CAMPER FOR LICE AND TREAT BEFORE THEY COME! EACH CAMPER WILL BE SCREENED FOR LICE UPON ENTRANCE.**

## CAMP FEES

(APPLICATION is incomplete without payment)

**For Office Use Only:**

Male Female (circle one)

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

Insurance Card: Yes No

Activity Release: Yes No

Cash Check Check#: \_\_\_\_\_

Room Request: Yes No

Who do you wish to room with?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What church do you attend?

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

**Child Sizes:**

**Adult Sizes:**

\_\_\_\_ Small

\_\_\_\_ Small

\_\_\_\_ Medium

\_\_\_\_ Medium

\_\_\_\_ Large

\_\_\_\_ Large

\_\_\_\_ XL

\_\_\_\_ 2X

\_\_\_\_ 3X

**Address to camp:**

626 Bennett Cemetery Rd

**Registration Fee: (includes price of camp t-shirt)**

**\$150**

**All requests for refunds must be made in writing.**

**Total Enclosed:** \_\_\_\_\_

Please initial if your child can participate in the off campus swim trip. \_\_\_\_\_ Camper Swim Level \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Expert

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RAIN Unlimited/Camp RAIN on the basis of any claim from which I have released from herein.

I have had sufficient opportunity to read this entire document and its terms and conditions as indicated. I have read and understood it, and I agree to be bound by its terms.

In consideration of \_\_\_\_\_ (print campers name) ("Minor") being permitted by Rain Unlimited/Camp RAIN to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RAIN Unlimited/Camp RAIN from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

## PARENT/GUARDIAN TERMS AND CONDITIONS

In Consideration of the services of Camp RAIN/RAIN Unlimited, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Camp RAIN") I hereby agree to release, indemnify and discharge Camp RAIN, on behalf of my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that outdoor adventure based activities such as, paintball, go-carts, horseback riding, organized games, hiking, archery tag, archery, firearms, and bb gun range, swimming or all other physical activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: This program is based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in above named physical activities, and its potential for: slips and falls and falling; accidental drowning, pinches, scrapes, twists and jolts that could result in scratches, bruising, sprains, lacerations, fractures, concussions, or stings, allergies, and associated diseases.

Furthermore, Camp RAIN employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree to assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate fully aware of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp RAIN from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Camp RAIN's equipment or facilities, including any such claims which allege negligent acts or omissions of Camp RAIN.
4. Should Camp RAIN or any one acting on their behalf, be required to incur legal fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I assume the risk of any medical or physical conditions I may have.
6. In the event that I or my representative files a lawsuit against Camp RAIN, I agree to do so solely in the state of Tennessee, and I further agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Camp RAIN on the basis of any claim from which I have released from herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I hereby give my child permission to attend and participate in Camp RAIN. I hereby waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, their agents, employees, and participants arising from any damages, property loss or injury my child sustains at Camp RAIN. I further consent to allow Camp Officials to seek and obtain emergency medical or surgical treatment for my child should my child need medical treatment. I further grant permission for my child to appear in Camp Videos and any promotional videos or photography. I fully understand that my family's insurance is the primary carrier for all accidents incurred at camp and the camp's insurance is the secondary carrier.

\_\_\_\_\_  
(INITIAL) I ACKNOWLEDGE I HAVE CHECKED MY CAMPER FOR LICE (DO NOT INITIAL TILL  
Camp Day).

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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date