

Intent to Participate Form

(To be filled out by father, mother, or guardian.)

PLEASE SELECT ONE-

My Child, _____

_____ will participate in the event 3 days and 2 nights

_____ will participate in the event only on Sunday

COST FOR ACTIVITY: \$175 (Sat.-Mon.); \$50 (Sunday only)

\$25 deposit due at time of turning in Participation Form

_____ payment will be made in full with permission slip

_____ payment will be made over weekly / monthly payments of \$ _____

_____ payment will be made with participation in mobile device Scrip app program

Please make checks payable to: Martin Luther High School, Check # _____

If financial burden is a concern or determining factor in your student's participation, please contact Mr. Janetzke (cjanetzke@martinlutherhs.org) for additional options available. We will work with ALL families to make this event a reality for your student.

If you are able to provide financial assistance above and beyond the cost of this activity to assist another student to participate in this event please contact Mr. Janetzke, cjanetzke@martinlutherhs.org

DATE OF ACTIVITY: September 12th-14th, 2020

ACTIVITY ITINERARY: Depart from ML at 6:00pm Saturday, Sept. 12th

2 night stay at Covenant Harbor Retreat Center, Lake Geneva

Arrive at ML at 2:30 pm Monday, Sept. 14th (One day participants depart 8am from ML, return 10pm Sun)

TEACHERS: Janetzke/Kamprath/Hammerling/Knox/Bahr/Leissring/Hartlaub

In consideration of permitting my child/ward to participate in the above mentioned activity, I will not hold the **Lutheran High School Association of Greater Milwaukee** and its **affiliates** and **associates** liable for any injury my child/ward may sustain while engaged in such activity or while traveling to or from school for such activity; and I agree to indemnify and hold the above harmless from and against any claim by my said child/ward or other parent arising out of such injury.

SIGNATURE OF FATHER, MOTHER, or GUARDIAN

DATE

Please provide us with an emergency cell phone number we may use to contact you in case your child is injured during the activity.

NAME

PHONE NUMBER

NAME

PHONE NUMBER

Health Screening Questionnaire

COVENANT HARBOR



Participant Responses (print clearly)

Participant Name _____ Date: _____

Group Name _____

1. Has anyone in your household been exposed to any communicable diseases within the last 14 days?

YES NO

2. Has anyone in your household had a temperature of 100.2 F or greater in the last 14 days?

YES NO

3. Has anyone in your household's close contacts been hospitalized with sore throat, pneumonia, or cough in the past 5 days?

YES NO

4. Has anyone in your household had reddened or painful toes, or complained about his/her toes in the last 14 days?

YES NO

5. Has anyone in your household had an unusual back or abdominal rash in the last 14 days?

YES NO

6. Do you have asthma and use a nebulizer regularly?

YES NO

To ensure the health and safety of all guests and staff, Covenant Harbor is implementing this health screening for all guests before arriving to camp.



Waiver Form

Participant Information (print clearly)

Participant Name _____ Group Name _____

Full Address (city, state, zip) _____

Phone _____ Age, if under 18 _____

Any limitations to participation? (physical, medical, behavioral)

Any Allergies? (food, drug, environmental) _____

If food allergies: Mild / preference / guest can self-manage Moderate / guest can self-manage Serious / life threatening

Other participation concerns? _____

Emergency Contact _____ Relationship _____ Phone _____

Wisconsin statute ATCP 78.20 requires camps obtain name and home address of every participant including emergency contact information.

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING COVENANT HARBOR BIBLE CAMP AND RETREAT CENTER ("COVENANT HARBOR") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I, the above named participant (or in my legal capacity as the parent/guardian of named ("Minor") participant) acknowledge and agree the participant that any use of Covenant Harbor's facilities, services, equipment and premises ("Facilities") and any participation in Covenant Harbor's programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I, for myself or Minor voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the above named participant (or in my legal capacity as the parent/guardian of Minor), agree that Covenant Harbor, it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease (including connection with exposure, infection, and or spread of COVID-19) sustained from the use of Facilities and participation in Programs.

I further agree the above named participant (or in my legal capacity as the parent/guardian of Minor), on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which myself or Minor, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I the above named participant (or in my legal capacity as the parent/guardian of Minor) agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Further, I do consent to any and all medical treatment that may be deemed necessary for the above named participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature /Legal Guardian (if minor): _____

Printed Name: _____ Date: _____