

Salem Acres Bible Camp

Letter of Informed Consent

Name(s): _____

Name of Event: _____ Date of Event: _____

Detail of the Activities: Salem Acres Bible Camp Activities Included, but are not limited to: Chapel with A/V Equipment, mild to moderate hiking trails through 300+ acres of valley-top property, Canoeing and water-front activities, Archery, Playing Fields, Throwing knives and axes, outdoor Basketball court, Slip and Slide, Paintball, Indoor Games Room (bouldering, Foosball, Ping-pong, Air Hockey, Lounge area, Board Games), Campfire, Small Gymnasium (unheated, has the option for human foosball, floor hockey, and other games), "Carnival" Games, Tractor Rides, Playground, and Bus Transportation.

Photography: I hereby give my permission to Salem Acres Bible Camp to use any photographic and/or video footage and audio of the above Patrons for camp purposes. I understand any photographic and/or video footage and audio recordings will be used solely for promotional and/or education use and will not be

Dear Parent or Legal Guardian: We are running activities as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request you complete and sign the permission form. The safety of your Family is our primary concern. Precautions will be taken for their wellbeing and protection.

I Hereby consent to the participation of myself and my child(ren) in Salem Acres Bible Camp activities.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Salem Acres Bible Camp. I/we understand and accept these risks and agree that by participating in those activities, we may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the Parents or guardians named below, authorize the Program Director or one of Salem Acres Bible Camp personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participants named above.

I/we, named below, undertake and agree to indemnify and hold blameless Salem Acres Bible Camp, its Personnel, its Leaders and Board from and against any loss, damage, or injury suffered by the participant(s) as a result of being part of the activities of Salem Acres Bible Camp, as well as of any medical treatment authorized by the supervising individuals representing Salem Acres Bible Camp. This consent and authorization is effective only when participating in or traveling to events of Salem Acres Bible Camp.

I have read, understood and agree with the above.

Parent / Legal Guardian's Name

Parent / Legal Guardian Signature

Date (mm/dd/yyyy)