



7th Grade Signature Trip **School Permission Form** **Chapel Rock Camp**

Please sign below and then check appropriate blanks for the section(s) that applies to your son or daughter.

7th Grade: Chapel Rock - September 16-18, 2019

Student's Name _____

****Permission slip DUE by August 19 , 2019****

Teachers: 7th Grade Homeroom

Dates: September 16 - 18, 2019

Locations: Chapel Rock Christian Camp - Prescott, AZ

Depart from Agritopia Campus: 8:30am on Monday, September 16th

Return to Agritopia Campus: Approximately 2:30pm on Wednesday, September 18th

Cost: \$250.00 per student and \$250 per chaperone; includes all meals and snacks.

Transportation: Chartered Buses & GCS Vans

_____ I give permission for my child to attend the above field trip. I understand that this field trip has a fee of \$250 per student and \$250 per chaperone due by September 3rd.

_____ I do NOT want my child to attend the above field trip.

_____ I am available to chaperone on this field trip.

(The sponsoring teachers will contact you if you are selected to chaperone)

Parent Signature: _____ **Date:** _____

Chapel Rock Participant Information and Permission Form

DISCLOSURE: CHAPEL ROCK programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rock climbing, rappelling, kayaking, orienteering, and other rigorous physical adventure activities. **(The level of participation in a program activity is at all times completely up to the individual.)** Trained professional staff conducts all programs; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CHAPEL ROCK programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to CHAPEL ROCK prior to participating in any activities. High ropes activities have a weight **minimum of 45lb and a maximum of 275lb**, by participating in our high ropes you acknowledge that you are between these.

PARTICIPANT INFORMATION:

1. Group Name: _____
2. Name: _____ Date of Participation: _____
3. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program?
____ Yes ____ No If yes, identify and explain:
4. Do you have any allergies, reactions to medications, any other medical limitations? ____ Yes ____ No
If yes, identify and explain:
5. Have there been any recent major life changes? (E.g., Job changes, death in family, etc)

RELEASE OF LIABILITY: I understand that parts of the CHAPEL ROCK program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in CHAPEL ROCK activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAPEL ROCK, and its staff members, from all liability for any injury to me from participation in CHAPEL ROCK activities. I understand that these terms shall serve as a release of liability for my heirs, executors, and administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Date _____ Signature _____

PHOTO/MEDIA RELEASE: I grant to CHAPEL ROCK, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Date _____ Signature _____

PARENTAL WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we _____ (parents' or guardians' name(s)) give permission for my (our) child _____ (child's name) to participate in the CHAPEL ROCK program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated Chapel Rock staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CHAPEL ROCK and its employees from liability for any damages, injuries, or losses which may occur while said child is participating in this CHAPEL ROCK program.

Date

Parent or Guardian Signature (if participant is under age 18)