

**9<sup>th</sup> and 10<sup>th</sup>**

**Retreat**

**October 4<sup>th</sup>, 2019**

**Camp Sparta – Sebring, FL**

**Leave JCS at 7:50 and Return at 5:30**

**Permission Slip Attached – Please fill out all permission slips for the activities that you chose. Paintball or Ziplining**

**What to bring:**

**Sunblock**

**Dry clothes to wear home**

**JCS Approved Swimsuit (See handbook)**

**Towel**

**All food and water provided**

For questions please email Pastor Charlie: [charliehubbard@jupiterchristian.org](mailto:charliehubbard@jupiterchristian.org)

Emergency Phone Number during retreat: Pastor Charlie 407-340-0273



## Jupiter Christian School

### Consent, Waiver of Liability, and Medical Release for School Trip and Traveler's Covenant

Student Name: \_\_\_\_\_ Grade: 9<sup>th</sup> and 10<sup>th</sup> Grade Today's Date: \_\_\_\_\_  
Activity: 9<sup>th</sup> and 10<sup>th</sup> Retreat School Retreat Destination(s): Camp Sparta, Sebring, FL  
Date of Departure: 10/4 /19 Time of Departure: 7:50am Time of Return: 5:30pm Where to Return from: Bible Teacher or Upper School Office

#### Traveler's Covenant

By my signature below (student and parent recognition of review), I promise to honor my group leader and the trust of the JCS authorities, in the following ways:

- I agree to make choices that reflect a sincere desire to uphold the peace, purpose, and purity of this trip and to refrain from involvement in any conduct that is detrimental to me, others in our group, or Jupiter Christian School. I do so with a clear understanding that this trip is a wonderful privilege which has been afforded to me. I therefore agree to comply with the standards and expectations of JCS as explained in the Parent and Student Handbook. Below are several specific policies which can affect the safety, productivity, and success of this trip for me and others.
  - I agree to submit to the authority of my trip leader in all matters, including travel directives which may include but are not limited to the limits and boundaries regarding trip movement, and be punctual for all meeting times, attentively listen to information and instructions provided verbally and otherwise, and comply with all instructions.
  - I agree to hold to hours of curfew and lights out requirements. My chaperones will be taking precautionary measures to ensure my safety and well-being for the evening, and I will in no way disrupt the trip or dishonor myself, peers, family, school, or others by violating these expectations.
  - I agree to submit to all JCS policies regarding drug, alcohol and tobacco use and the purchase thereof.
  - I agree to submit to JCS policy regarding the physical display of affection toward others.
  - I agree to submit to JCS policy and wear clothing that is both modest and appropriate.
  - I will immediately comply, without argument, with any instruction given by a chaperone as they act *in loco parentis* and care for my well-being.
  - I agree to be respectful toward all persons and conduct myself in an upright manner. This includes, not just fellow JCS travelers and strangers, but also taking into consideration the laws and social customs of the place of travel.
  - Should I become aware of any violation of the above statements or of any in the Parent Student Handbook, I will report this to my group leader immediately.
- Consequences** - Failure to adhere to policies and procedures may result in consequences including, but not limited to, the following:
- Immediate return home from the trip with the entirety of expenses (including any accompanying chaperone) borne by the parent/guardian.
  - Expulsion or suspension from school.
  - Placement on Behavioral Contract which may include forfeiture of participation in extra-curricular activities during the term of contract.
  - Forfeit all overnight JCS trips for the duration of the school year and beyond as determined by school administration.
  - Any additional consequences during or after the trip which are in conjunction with the principles and policies found in the Parent Student Handbook.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### Consent, Waiver of Liability, and Medical Release

- I hereby, willingly, authorize consent for my child to attend this trip. I acknowledge the risks involved in off-campus trips, including overnight, local, domestic, and overseas trips. I understand the inherent dangers of travel; transportation; potential interaction with those not affiliated with the school and others whose paths may cross while away from campus; local (to the destination and along the way) customs, health concerns, criminal activity, meteorological occurrences, and other factors. On behalf of my minor child, myself and my spouse, I release Jupiter Christian, its employees, chaperones, agents and other representatives of Jupiter Christian from any and all responsibility and liability for any injuries or any damage to my child or my child's property and I hereby release Jupiter Christian from any claim, demand, injury or damages whatsoever, including without limitation, those damages from acts of passive or active negligence on the part of Jupiter Christian, its employees, chaperones, agents and other representatives. I do hereby expressly forever release and discharge Jupiter Christian, its employees, chaperones, agents and other representatives from all such claims, demands, injuries, damages, actions or causes of action. I acknowledge that I have carefully read this paragraph and full understand that this is a waiver and release of any and all liability.
- I grant permission for JCS personnel and coordinating organizations, if applicable and necessary, to act in my place, for the best interest of my child, in the event of a need for any medical attention and I am unable to be reached, or in case of an emergency where time is determined essential by accompanying school personnel. I agree to bear all costs with my insurance provider for transportation, medical treatment, emergency care, and all other related costs. No costs shall remain with the school or school personnel for the entire care of my child. Any charges made on behalf of my child for his/her care will be placed on my child's school account.
- I have provided JCS, in writing or via the online enrollment process, all pertinent medical information for my child's well-being on the trip.
- If my child causes any property damage, personal injury, or other, solely or in concert with others, I will bear the cost of any and all remunerations to all parties, including local agencies including legal expenses, local entities, and to JCS if determined appropriate by JCS administrative personnel.
- I have read all the information regarding this trip. I am aware of the purpose, itinerary, guidelines, accommodations, and contact information provided for a JCS person accompanying the students.
- I am not aware of any psychological or physical reason, diagnosed or otherwise, why my child cannot participate and comply with any guideline, chaperone directive, or expectation which has been presented for the trip or found in conjunction with the Parent Student Handbook. I also agree to inform the Upper School Principal in writing if I become aware any time prior to departure.
- If JCS is providing transportation, the student must travel on the JCS provided transportation unless JCS will not be providing transportation back to school. If JCS is not providing transportation back to school, the student may drive their personal vehicle or have their parent drive them. They may not transport other students. If a student misses the bus, it is his/her responsibility to secure transportation. If JCS is not providing transportation, it is the responsibility of student and parent to arrange transportation.

I have read, affirm, and support the Traveler's Covenant and agree to the Consent, Waiver of Liability, and Medical Release.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Circle One: I choose Paintball or High Ropes or Water Activity



Christian Camp & Conference Center

5055 Camp Sparta Rd.

Sebring, FL 33875

(863) 382-8696

# MEDICAL AUTHORIZATION

## PARENTAL CONSENT FORM

*For office use only:*

Cabin: \_\_\_\_\_

### MEDICAL AUTHORIZATION

#### Camper Information:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

#### List two contacts if parents cannot be reached:

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

#### Please provide the following medical information:

Allergies \_\_\_\_\_ Epi Pen has been prescribed? ☐ Yes ☐ No

List prescriptions child must take daily: Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

*\* All prescription medication must be in pharmacy containers with appropriate labels and physician instruction.*

List over the counter medications provided for "as needed" situations:

**Medications such as Tylenol, ibuprofen, Pepto Bismol, etc. which you would like your child to receive as needed must be provided in its original container.**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Please complete the back!

Health History \_\_\_\_\_  
(List any chronic/severe illness, injuries, surgeries, bed wetting, sleep walking, etc.)

Any other concerns related to your child's camping experience \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
(A copy of your insurance card (front and back) must be attached)

Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Vaccination Information: Date of last tetanus shot: \_\_\_\_\_

Are all vaccinations currently up to date? ☐ Yes ☐ No

Does your child have special dietary needs? ☐ No ☐ Yes \_\_\_\_\_

**PARENTAL CONSENT**

I, \_\_\_\_\_, do hereby give permission for my child, \_\_\_\_\_

\_\_\_\_\_, to attend and participate in any activities sponsored by Camp Sparta (the "Activities").

"Activities" may include, but are not limited to: lake swimming, pool swimming, ropes course, paintball, water blob, boating, tubing, canoeing, skiing, kayaking, etc.

My child may ride in any necessary and convenient transportation provided by Camp Sparta in connection with the Activities.

I authorize an adult representative of Camp Sparta to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

I agree to assume the risk of, and release The Master's Academy of Central Florida, Inc. dba Camp Sparta/TMA Properties Foundation, Inc, its staff and representatives from any and all injury and liability arising out of or relating to the Activities conducted or sponsored by Camp Sparta.

I state that the information on this form is correct.

I hereby give my consent to any emergency medical personnel to administer necessary treatment for my child, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance / helicopter if the situation warrants, and I give consent to Camp Sparta authorities to seek all said help.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE NOTARIZED**

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced as identification.

\_\_\_\_\_  
Notary Public

## CAMP SPARTA

### Liability and Promotional Release Form

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Camper/Participant's full name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In order to participate in all Camp Sparta activities, I, the undersigned, agree and acknowledge for myself and/or on behalf of my minor child that:

- I authorize the directors of Camp Sparta to act for me according to their best judgment in any emergency requiring medical attention.
- I know of no mental or physical problem that might affect my or my child's ability to participate in camp activities.
- I will be responsible for any medical or other charges in connection with my/his/her participation in camp.
- There is risk of injury, including a potential for permanent disability or death, resulting from participation in any program, activities, and/or from the equipment involved in participation in such activities.
- I freely assume all such risks, both known and unknown, and assume full responsibility for my family and my participation.
- At certain times of year, conditions may become favorable for the presence of various bacteria / amoeba in Florida lakes. I assume the risk of participating in all lake activities.
- I will read and understand the rules of play, including all safety related rules, and agree to fully comply with the rules and safety regulations during participation.
- I, for myself, and on behalf of my minor child, heirs, assigned personal representatives, and next of kin, hereby waive, release, and hold harmless The Master's Academy of Central Florida, Inc. dba Camp Sparta / TMA Properties Foundation, Inc. and the property owner and their officials, directors, agents and/or employees, from any/all liability for injury, disability, death, loss or damage to personal property arising out of camp attendance, participating in camp activities and programs, or the intentional or negligent acts of others not employed by The Master's Academy of Central Florida, Inc. dba Camp Sparta / TMA Properties Foundation, Inc.
- I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in program activities and that I sign this release of liability voluntarily and without inducement.
- I give my permission for named camper/participant to take a full and active part in the program at Camp Sparta/
- I understand that the camper/participant's experience (audio/visual/testimonial) may be used for promotional purposes.
- The Master's Academy of Central Florida, Inc. dba Camp Sparta / TMA Properties Foundation, Inc. are not responsible for lost or stolen items.
- By signing below as Parent / Guardian, I am the lawful parent and/or guardian of the camper named above.

**Camp Sparta**  
5055 Camp Sparta Road, Sebring, Florida 33875  
info@campsparta.com  
(863) 382-8696

*Camp Sparta reserves the right to dismiss any guests whose conduct is detrimental to the overall good of the camp. In cases of misconduct, no refund will be made. No deduction is made for late arrival or early departure. No one shall be denied admission to the camp because of race, color, national origin, sex, handicap, or age. By submitting this form, parent(s)/guardian(s) certify photographs, video, or testimonies of campers may be used in the promotion of camp, and campers may receive mail and email from Camp Sparta.*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PAINTBALL

### Release and Waiver of Liability, Assumption or Risk, and Indemnity AGREEMENT ("AGREEMENT")

In consideration of participating in the **SPORT OF PAINTBALL** (the "Activity") I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participating in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, or those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "Releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **CAMP SPARTA, INC.**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Phone number

### **PARENTAL CONSENT**

AND I, the minor's parent and /or legal guardian, understand the nature of the above referenced Activity and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Parent /Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Contact Phone Number



*The Master's Academy of Central Florida, Inc. dba*

## **CAMP SPARTA**

### **Ropes Course Liability Form**

In consideration of being allowed to participate in any way in **The Master's Academy of Central Florida, Inc. dba Camp Sparta/TMA Properties Foundation, Inc. ("CS")** its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate and agree that:

I understand that all of the activities in this program are strictly **voluntary** and that it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I understand and agree to be supported in my choice to support others in their choices as well.

The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.

I understand that **CS** staff adheres to high safety standards and that safety issues and rules will be discussed before each event. I agree to abide by all safety standards. If the risks and safety procedures are not explained or understood, I should ask for further explanation.

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation.

I understand that it is my responsibility to inform **CS** staff of any and all physical limitations, liabilities or injuries including, but not limited to, heart conditions, neck or back problems, recent surgeries, pregnancy, and any other potential situation that may be affected. I further understand that in the case of an accident or illness, **CS** staff will provide basic first aid and arrange for medical services, if needed.

I understand that **CS/ The Master's Academy of Central Florida Inc. and TMA Properties Foundation Inc** it's respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place, (each considered on of the "RELEASES" herein) shall not be held responsible or liable in any way to me for bodily injury, illness whether mental or physical, property damage or loss resulting from my own negligence. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family.

I have read the above terms and conditions and by signing below agree to all of the above-mentioned terms and conditions.

Name: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Parent or guardian signature if participant is under 18 years of age:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_