

## Episcopal Summer MEGA Camp Registration

You can also register and pay online at: <https://edok.formstack.com/forms/camp2019>



Episcopal Diocese of Kansas  
*Youth Ministry*

## Episcopal Summer MEGA Camp Registration Instructions

**Check-in:** Sunday, June 2, 2:30-3:30 pm

**Check-out:** Saturday, June 8, 11-11:30 am

**Priority Deadline:** **Sunday, April 1, 2018**

**Where:** Camp Wood YMCA, 1101 Camp Wood Road, Elmdale, KS 66850

**Who:** Students who *finished* grades 3-12 in the 2018-19 school year. Camp is NOT restricted to Episcopalians or regular churchgoers. All are welcome, so feel free to invite friends and family.

**Fee and Scholarships:** There is a \$25 non-refundable deposit due at the time you register.

- \$450 if you register by April 1;
- \$465 if you register from April 2-May 10;
- \$480 if you *pay or register* after Friday, May 10

*We are continuing to offer the multi-child scholarship of \$25 for families sending more than one child to camp. To qualify for the scholarship, you must register by April 1.*

*There are a limited number of scholarships available for members of Episcopal parishes with low-income. We ask that all families contribute something, no matter how small, to the cost of camp; and that parishes match the funds the diocese provides. You can apply for a scholarship in the payment section at the bottom of this form.*

**Register:** You may register at any time to save your spot (as long as you pay by May 10). Space is limited to 215 campers, although specific ages and genders may become full while there remains space available. We will do our best to accommodate every camper who wishes to attend camp. We will continue to accept registrations until all beds are full.

**Payment:** There is a \$50 non-refundable deposit due when you register. You may pay online via PayPal or mail in a check or money order. Payments can be made in installments if you wish. **You must pay at least 2/3 of the total registration fee (\$300) by Friday, May 10**, or you will be required to pay the \$30 late fee. Checks should be made payable to "Episcopal Diocese of Kansas" with "Camp" in the memo line and mailed to:

Karen Schlabach  
EDOK Youth Office  
10003 W. 70th Ter.  
Merriam, KS 66203

Or you can make payments via PayPal using this form:

[https://edok.formstack.com/forms/misc\\_payment](https://edok.formstack.com/forms/misc_payment).

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**Cancellations:** Cancellations must be received in writing no later than Thursday, May 16, as this is when we provide final camper counts to Camp Wood and are financially obligated to pay for those campers. Registration funds can be transferred to newly registered campers after this date. Cancellations can be e-mailed to [kschlabach@episcopal-ks.org](mailto:kschlabach@episcopal-ks.org).

**Health Insurance:** The Diocese does not carry health insurance for participants. If your child requires medical attention during camp, we will need your insurance information. Please send a photocopy, photo, or scan of the *front and back* of your current health insurance card. We do have nurses on-site and will do our best to provide all of your child's needs.

**Cabin Requests:** *First time campers only* may request a cabin mate. Campers must be in the same grade and the same gender (typically, students of the same age are assigned to the same cabin). Cabin requests should be submitted on the registration form or e-mailed to the Youth Missioner by May 10 ([kschlabach@episcopal-ks.org](mailto:kschlabach@episcopal-ks.org)). Cabin requests cannot be made at registration the first day of the camp session.

**Y-Time Activities:** Camp Wood provides enough time slots so that each camper can ride horses, climb the tower, and canoe once during the week. Students must sign-up for these activities. Unused spaces will be offered to campers for a second turn.

**FAQ:** Visit the Episcopal Summer Mega Camp Frequently Asked Questions web site for answers to all your questions: <https://edokyouth.wordpress.com/campfaq/>. You may also contact the Youth Missioner, Karen Schlabach, at 913-708-5927 or [kschlabach@episcopal-ks.org](mailto:kschlabach@episcopal-ks.org), or your parish priest.

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Participant Name	
Preferred name (if different):	
Birthdate (mm/dd/yy)	
Sex/Gender	
<p>If you are transgender, non-binary or another gender, your gender identification will be shared with your camp director, camp nurse and cabin counselor in order to keep you safe and provide for your needs. These 3 people will be asked to keep the information in the strictest of confidence.</p> <p>With which gender would you prefer to sleep?      <input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p>With which gender would you prefer to shower?      <input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p style="text-align: center;"><input type="checkbox"/> In a private bathroom in the Nurse's Cabin</p>	
Grade finished in 2018-19	
T-Shirt Size	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Youth XL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL
Youth E-mail	
Youth Mobile Phone	
Youth Mailing Address	
Dietary Restrictions	<input type="checkbox"/> Gluten intolerant <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other:
Musical gifts	<input type="checkbox"/> Vocalist <input type="checkbox"/> Musician, instrument(s): _____ <input type="checkbox"/> Yes, I can bring my instrument with me!
Parish	
<b>Y-Time Requests</b> *A release form is required to participate in these activities. You will have the opportunity to sign-up for specific days/times for these activities when you are at camp.	<p>Please help us plan to have enough slots available for all activities. If you would like to participate in one of these activities during camp, let us know! (Check all that apply.)</p> <input type="checkbox"/> Climbing Tower* (ages 10+) <input type="checkbox"/> Giant Swing* <input type="checkbox"/> Horseback Riding* (long pants & close-toed shoes required) <input type="checkbox"/> Bicycling* <input type="checkbox"/> Skateboarding* <input type="checkbox"/> Lake Canoeing or Kayaking <input type="checkbox"/> River Canoe (Senior High Only, if river conditions permit)
Additional Comments that may be helpful for the Youth Missioner	

Registration confirmations are sent to both the youth and parent e-mail addresses. If no e-mail address is given, a confirmation will be sent in the U.S. mail.

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### Community Expectations & Covenant

For the physical and emotional safety of all participants, the following are general rules we ask everyone to follow:

- I will not enter any sleeping area except my own.
- I will hand in all medication to the event nurse.
- I will not drive my car during the event, and I will not go to my car without permission from an adult staff member.

The following rule is non-negotiable, meaning if violated, you will be sent home from the event:

- I will not bring or use alcohol, tobacco, illegal drugs, drug paraphernalia, fireworks, firearms or any kind of weapon.

The Episcopal Church's unofficial mottos of "All are Welcome!" and "God loves you, no exceptions." point us to the following standards towards which we strive:

- I will do my part to make this a welcoming and inclusive community.
- I will seek to build up myself, others, and our community in my actions and words, doing my best to 'love my neighbor as myself.' (Matthew 22:39)
- I will respect the person, property, feelings and beliefs of each member of our community and I will care for the property of this church with the understanding that it is God's Place, made the way it is through the gifts of numerous people.
- I will actively participate in all parts of the event and do my best to have fun!

Adults attending the event also agree to abide by these standards and assist with supervision of youth, remembering 2 Timothy 2:24-25, "And the Lord's servant must not be quarrelsome but kindly to everyone, an apt teacher, patient, correcting opponents with gentleness."

#### Campers are asked to adhere to the following safety rules:

- Do not enter any cabin except your own.
- Do not sit on anyone's bed except your own.
- Change clothes in the stalls in the restrooms/bathhouses.
- Always use the "truddy" system ... instead of a buddy-system, we ask students to travel around camp with three people for increased safety.
- Make sure your counselor or another adult staff member knows where you are at all times.
- Shoes or strap-on sandals must be worn outside your cabin. (no flip-flops ... too many twisted ankles and cuts on feet occur with these types of footwear)
- Report any accident or illness to the camp nurse.
- Carry your water bottle everywhere, wear sunscreen and bug spray!

#### Participant Acknowledgement of Community Covenant:

Participants agree that these are reasonable expectations and they will do everything they can to live up to them. If participants choose to violate the rules set for the event they understand that there will be consequences, which may include parents being notified and being sent home.

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

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

#### Parent/Guardian Acknowledgement of Community Covenant:

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

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

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

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**Health Form & Emergency Contact**

All information will be kept confidential and only shared with adult staff who need-to-know.

Parent/Guardian 1 Name	
Child lives with this parent:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Parent/Guardian 1 Email	
Parent/Guardian 1 Phone	
Parent/Guardian 2 Name	
Child lives with this parent:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Child does not live with this parent
Parent/Guardian 2 Email	
Parent/Guardian 2 Phone	
Parent/Guardian 2 Address (if different)	

Emergency Contact other than parents	
Relationship to participant:	
Emergency Contact Phone 1	
Emergency Contact Phone 2 (optional)	
Does your child receive special services at school or home? (eg. IEP, behavioral restrictions or modifications, 504 plan, etc.)	
Is there anything going on in the participant's personal life that would be helpful for our adult staff to know?	

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Name on Policy	
Insurance Company	
Policy Number*	
<b>Please include a photocopy of the front and back of the insurance card.</b>	
Special Medical Concerns (that might limit participation or be important in an emergency)	
Chronic/Recurrent Illnesses	<input type="checkbox"/> ear infections <input type="checkbox"/> convulsions/seizures <input type="checkbox"/> diabetes <input type="checkbox"/> asthma <input type="checkbox"/> nosebleeds <input type="checkbox"/> bed wetting <input type="checkbox"/> epilepsy <input type="checkbox"/> sleep walking <input type="checkbox"/> other:
Allergies	<input type="checkbox"/> penicillin <input type="checkbox"/> poison ivy <input type="checkbox"/> insect stings: _____ <input type="checkbox"/> medication allergies: _____ <input type="checkbox"/> food allergies: _____
Last Tetanus Immunization	
Operations or serious injuries (include date):	

Medications to be administered (attach additional sheets if necessary)	Dosage	Times

**\* Please provide ORIGINAL prescription bottle with dosage information or smaller “school bottle” provided by pharmacist. PLEASE DO NOT send prescription medication in unmarked containers such as plastic bags or day of the week dispensers.** All medications must be checked-in with the event nurse, including over-the-counter medications. If you are sending over-the-counter medications, those should be in their original packaging. We will have general medications available.

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**Over the counter medications** (we have ibuprofen, Tylenol, Imodium, etc. available if needed)

- YES! Give my child what they need.
- Please call me first.

**Parent/Guardian Statement And Consent for treatment:** I agree that I will not allow my child to attend Episcopal Diocese of Kansas Summer MEGA Camp if he/she becomes exposed to any contagious disease or, if for any reason, I do not consider him/her in good physical condition at the time of the event. In the case of accident or illness, I give permission for emergency treatment to be provided by the physician and/or health care facility determined by the persons responsible for the safety and welfare of the participants at the Episcopal Diocese of Kansas Summer MEGA Camp.

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

**Photo/Publicity Release Statement**

I agree to grant the Episcopal Diocese of Kansas permission to record on film, videotape, or audiotape, my child’s (or mine if I am 18) participation in this event. I further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Diocese of Kansas Youth Program, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

- I grant my permission.
- I do not grant my permission.

**Liability Release**

In consideration of allowing my/our child to attend and participate in Episcopal Diocese of Kansas Summer Mega Camp program I/we on behalf of myself/ourselves and on behalf of said child do hereby release, discharge and agree to indemnify the Episcopal Diocese of Kansas, its Council of Trustees, officers, ministers, staff, employees and agents and anyone else connected with said organization Camp Wood YMCA against any loss, expense or judgment said organization or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in said Episcopal Summer Mega Camp program.

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

**Payments & Scholarships**

The registration fee for Episcopal Summer Mega Camp is \$450 if you register by April 1; \$465 if you register between April 2-May 10, and \$480 after May 10. Registration and payment received after May 10 will be expected to pay a \$30 late fee. You may pay in installments, but must pay at least 2/3 (\$300) by May 10, or you will owe the \$30 late fee.

I am receiving funds from a “youth account” at my parish:  Yes  No

Amount: \$ \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email and/or Phone: \_\_\_\_\_

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The intention of camp scholarship is to support students from Episcopal parishes whose families have low-income to attend camp when they otherwise might not be able to. We work with Camp Wood YMCA to create as affordable a week as possible, but this still presents financial hardship for several members of our diocese. Our scholarships are limited, so we want to make sure everyone understands the preference of the youth program when it comes to administering scholarships. We ask that all families contribute something to the cost of camp, no matter how small; and that parishes match the funds the diocese provides. When this happens, it accomplishes several things: First, it includes each stakeholder in financial commitment of forming the younger generation of our Church. We believe a strong sense of pride and ownership is developed if the recipient has contributed to the cost of their involvement. Second, support from the congregation helps the diocese ratify and support those students who are active in their local congregation. Third, it allows the diocese to support more students.

The diocese cannot accommodate every request. We have budgeted for about 10% of campers to receive a scholarship and hope to raise funds for an additional 10%.

- **Preference will be given to Episcopalians active in their parish and/or the diocesan youth program.** Your parish priest will be contacted to verify your membership and attendance.
- **Preference will be given to those living at or below the poverty line for the state of Kansas.** Proof of your household income is required with any scholarship request. Scholarship amounts will be based on ALL household income and the number of dependents.
- **Preference may be given to households sending more than one camper to camp.**
- **Scholarship grants will be the decision of the Committee.** All scholarship requests will be reviewed by the Camp Scholarship Committee with the consultative expertise of the Diocesan Youth Missioner.

If you need a scholarship, please complete the information below as thoroughly as possible by April 1. All scholarship requests will be reviewed by a committee and scholarship recipients will be notified by May 1. If scholarships continue to be available after May 1, they will be considered on a case-by-case basis as applications come in. Financial data submitted and scholarship recipients will be kept confidential, only the Youth Missioner and the 3-member committee will have access to the information.

I have already, or would like to request scholarship assistance from my parish.  Yes  No  
*Note: while the diocese will attempt to get in touch with your parish about scholarships, it is your responsibility to communicate with your parish about your need for a camp scholarship.*

Please share any information you'd like your parish to know about your scholarship request:

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I would also like to request scholarship assistance from the Diocese.  Yes  No

Number of adults (18+) in your household: \_\_\_\_\_

Number of Children under 18 in your household: \_\_\_\_\_  
*Those reported as dependents on your tax return.*

Household Adjusted Gross Income for 2017 or 2018: \_\_\_\_\_  
*The last number on page 1 of your tax return.*

Are any adults in your household full-time college students?  Yes  No

ADDITIONAL COMMENTS: If you feel there are any extenuating circumstances that affect your need for a scholarship, please explain those here. (examples: unusual debt, recent change in employment status, family in transition)

Yes! I'd like to add on \$\_\_\_\_\_ for Camp Wood's Hutch Hall renovation fund.

Payment Options (check all that apply)

- Personal Check
- I am requesting funds from my parish.
- I am requesting funds from the diocese.
- Credit or Debt Card via PayPal available here:  
[https://edok.formstack.com/forms/misc\\_payment](https://edok.formstack.com/forms/misc_payment)

If paying by check, make check payable to "Episcopal Diocese of Kansas" with "CAMP" in the memo line.

You may keep pages 1-2 of this form for your records. The other 10 pages, along with payment and a copy of your insurance card, should be submitted to:

Karen Schlabach  
EDOK Youth Office  
10003 W. 70<sup>th</sup> Ter.  
Merriam, KS 66203



## Camp Wood YMCA Waiver

### Participation Waiver

At Camp Wood YMCA we expect campers and encourage family members to participate in the total life of camp: to work, play, sing, and live together.

I realize that all Camp Wood YMCA programs involve certain inherent risks and, regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand, and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in the YMCA program. I understand that some of the activities include: archery, canoeing, kayaking, swimming, hiking, use of low ropes, alpine tower, giant swing, biking, skateboarding, paintball, and horseback riding. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA.

I grant Camp Wood YMCA permission to provide or obtain medical attention for my child or myself in the event of sickness or injury where a parent or legal/guardian is unable to authorize permission. In understand accident insurance is not included in camp fees. Should medical treatment be sought, I understand that I will bear all expenses.

I grant Camp Wood YMCA my permission to photograph or video my child and/or myself for use in promotional materials.

I understand that while on camp property, there will be no possession or use of tobacco, alcohol, illegal drugs, or weapons and that Camp Wood YMCA reserves the right to search Camp Wood YMCA property at any time without notice and may contact law enforcement agencies.

Participant's Name: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Signature of Participant or Adult Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Camp Wood YMCA Waiver

### Alpine Tower and Low Ropes Waiver and Release

I, \_\_\_\_\_, understand that my participation in programs offered by the Alpine Tower or Low Ropes Challenge Course(s) at Camp Wood YMCA is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that **my participation is purely voluntary**. At all times I will choose my level of participation in any activity. I understand the employees of Camp Wood YMCA have received training, and will work to protect the emotional and physical safety of myself. I understand that climbing, high ropes courses, group initiatives, and other activities in the Alpine Tower or Low Ropes Challenge Programs(s) for which I have enrolled, entails certain risks. I elect to participate in spite of these risks. Therefore, for myself, I knowingly and voluntarily assume all risks involved in my participation, and on behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge Camp Wood YMCA and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be valid for one year from the date below my signature.

Participant's Name: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Signature of Participant or Adult Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Bicycle & Skateboarding Activity Waiver and Release

I, \_\_\_\_\_, acknowledge that Camp Wood YMCA is providing bicycles and skateboards, equipped with helmets to use; in which I wish the participant(s) named below to participate. I recognize and acknowledge that my or my child's participation in such activities and any other activities which may include bicycling and skateboarding related activities involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of a trail to have rocks and mud that may result in injury, death, or loss to persons on or around the trail.
- The unpredictability of a participant's reaction to the trail condition, unfamiliar objects on the trail, persons, or other animals on property.
- Hazards, including, but not limited to, surface or subsurface conditions, or the mechanical workings of a bicycle.
- A collision with another person, another animal, or an object.
- The potential of a bicycling activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant to other person, including, but not limited to, failing to maintain control over the bicycle or failure to act within the ability of the participant.
- The inherent danger of a skateboarding course including other users, equipment, experience level of participants and other hazards.

**Camp Wood YMCA requires all participants to wear a bicycle helmet at all times when riding a bicycle on camp; whether this is the helmet that is provided by the participant or by the camp. While using the skateboard park, helmets and pads must be used at all times. Bicycles may not be used on the skateboard park.**

With full knowledge of the above and any other inherent risks which may be associated with bicycling and skateboarding activities, I hereby consent to the participant's involvement in the above described activities and waive any and all claims for tort or civil actions of any kind which the participant, I or my heirs, personal representatives and next of kin may have or which may arise against Camp Wood YMCA as a result of the participant's involvement in such activities. On behalf of my child, myself, my heirs, personal representatives and next of kin, I hereby release and discharge Camp Wood YMCA, its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, losses, costs, causes of action and damages of any kind originating or in any way arising from, the participant's involvement in such bicycling activities.

I understand this Waiver and Release shall be valid for one year from the date below my signature.

I HEREBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF THE PARTICIPANT'S INVOLVMENT IN THE ACTIVITIES DESCRIBED HEREIN.

Participant's Name: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Signature of Participant or Adult Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Wood YMCA**  
1101 Camp Wood Road  
Elmdale, KS 66850

**PH: (620) 273-8641**  
**FAX: (620) 273-8676**  
**events @campwood.org**



## Camp Wood YMCA Waiver

### Horseback Riding Activity Waiver and Release

I, \_\_\_\_\_, acknowledge that Camp Wood YMCA is sponsoring equine activities (riding or otherwise handling horses whether from the ground or mounted), at Camp Wood YMCA in which I wish to participate. I recognize and acknowledge that my participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine.
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals.
- Hazards, including, but not limited to surface or subsurface conditions.
- A collisions with another equine, another animal, a person, or an object.
- The potential of equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failure to act within the ability of the participant.

#### WARNING:

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risk of domestic animal activities resulting from the inherent risk of domestic animal activities, pursuant to K. S. A. 60-4001 through 60-4004. You are assuming the risk of participating in the domestic animal activity.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to my involvement in the above described activities and waive any and all claims for tort or civil actions of any kind which the participant, I or my heirs, personal representatives and next of kin may have or which may arise against Camp Wood YMCA as a result of the participant's involvement in such equine activities. On behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge Camp Wood YMCA, its successors, assigns, affiliates, directors, officers, employees, and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from, the participant's involvement in such equine activities.

I understand this Waiver and Release shall be valid one year from the date below my signature.

I HEARBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF MY INVOLVMENT IN THE ACTIVITIES DESCRIBED HEREIN.

Participant's Name: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Signature of Participant or Adult Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**When forms are complete, you can scan them and e-mail them to [kschlabach@episcopal-ks.org](mailto:kschlabach@episcopal-ks.org) or mail them to Karen Schlabach, EDOK Youth Office, 10003 W. 70th Ter., Merriam, KS 66203.**

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