

HOPE+CHOICE

Pregnancy Centers and Mentoring Programs

RISE CAMP WAIVER

We have taken enhanced health and safety measures – for you, our staff and other Rise Campers. You must follow all instructions either written or advised by a staff member while participating in the camps. If at any point, the camper is non-compliant, parents will be called and expected to pick up their camper immediately.

We are thrilled that your child is participating in RISE Camps this year!! We are full of excitement and cannot wait to share all the Lord has laid on our hearts for your student. We will choose hope and seek the heart of the Father.

Rise. Shield to Shield. Let's Go!!

KIDS CAMP ☐ TEEN CAMP ☐

I, _____, understand that I am assuming all risk and liability
(Student's Name)

associated with attending RISE Camp, including but not limited to the risk of being exposed to Covid-19. I agree to hold Hope Choice harmless, as well as, any staff member or member of the Board of the Directors of the same. I hereby release all persons and Hope Choice from any liability in law or in equity. I have been advised of safety precautions being taken and agree to adhere to all instructions in that regard. I understand that if do not adhere to safety precautions my parent's will be called and I will be removed from camp. I fully understand this waiver of liability.

Camper's Signature

Date

Parent or Legal Guardian (Print)

Parent cell number

Parent or Legal Guardian Signature

If your student would like to request they be paired in the same group as a friend, please list the name of **ONE** friend below. Please note, not all requests are guaranteed, however, we will do our best to accommodate.

First Name

Last Name

Age

Grade



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RISE Camp Special Attention Form

This form is an opportunity to share any specific needs you would like your child's camp leader to be aware of. Your student will be with the same leader for the duration of camp, allowing for great ministry opportunity. If there are any specific struggles, prayer requests, food allergies, or special circumstances you would like your child's camp leader to know, please list below.

**this form is not required*

Camper Name:

Please select which camp your child is attending:

Kids Camp

Teen Camp

Prayer Requests:

Does your student have any specific emotional needs or conditions? i.e. Anxiety, Depression, ADHD, etc?

Food Allergies:

Other:

CAMPER DROP OFF & PICK UP

