

# The Classical Christian Academy

Bethel Campus - 2010 Tavern Road, Martinsburg, WV 25401

Arden Address: 7192 Arden Nollville Road, Martinsburg, WV 25403

571.262.1493

2024 - 2025 Summer Camp

## Summer Camp Accident Waiver and Release of Liability Form

I hereby give permission for my child \_\_\_\_\_ to participate in The Classical Christian Academy Summer Camp Program.

I understand that camp activities could include play and outdoor activities around and near The Classical Christian Academy grounds, walks near the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that my child may travel by church van or other approved vehicles. I also understand that outdoor activities may occur in the hot sun and in the rain. **I agree to see that my child is appropriately attired for camp activities, and to provide insect repellent and sunscreen for my child to use at camp.** I will not expect The Classical Christian Academy to provide these items. I give my permission for The Classical Christian Academy camp leaders to apply or assist with the application of the repellent and sunscreen I provide.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Classical Christian Academy employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by The Classical Christian Academy's student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that The Classical Christian Academy may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that The Classical Christian Academy is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of The Classical Christian Academy camp employees, volunteers, trustees, directors, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity. In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of The Classical Christian Academy, its employees, volunteers, trustees, directors, or other entities being released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE The Classical Christian Academy, its employees, volunteers, trustees, directors, or other entities being released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Classical Christian Academy, its employees, volunteers, trustees, directors, or other entities, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Participant's Printed Name (Please print legibly)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent/Guardian Printed Name (Please print legibly)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# HORSEBACK RIDING RELEASE AND WAIVER AGREEMENT

The Stables at Arden, LLC  
7336 Arden Nollville Road, Martinsburg, WV 25403  
July 24th-28th

I hereby give permission for my child \_\_\_\_\_ to participate in The Classical Christian Academy Summer Camp Program.

***SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. THE STABLES AT ARDEN, LLC DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE.***

\*Please initial the highlighted areas below.

\_\_\_\_\_ I hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in participating in horseback riding, being around and/or touching a horse. I understand that there is a risk in riding and being near live animals and acknowledge that my child in this activity is purely voluntary. I take full responsibility for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while my child participates in the horse camp.

\_\_\_\_\_ I agree to abide by all safety instructions provided to myself and my children by The Stables at Arden LLC, its principals, directors, organizers, officers, agents, employees, and volunteers from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, paralysis, and/or death) to my child participating in horse camp.

\_\_\_\_\_ I agree to abide all safety instructions, and hereby release, acquit and forgive The Stables at Arden LLC, its principals, directors, organizers, officers, agents, employees, and volunteers from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, paralysis, and/or death) to my child participating in horse camp.

\_\_\_\_\_ I attest for myself and any minor children for whom I am parent, legal guardian, hereby release, acquit and forgive the The Stables at Arden LLC, its principals, directors, organizers, officers, agents, employees, and volunteers from any and all liability, injury or damage (including property damage, personal injury, illness, and/or death) to my child participating in horse camp.

\_\_\_\_\_ I hereby waive any claim, lawsuit, complaint, charge, or cause of action against The Stables at Arden LLC, its principals, directors, organizers, officers, agents, employees, and volunteers for any and all injury or damage including property damage, personal injury, illness, paralysis and/or death, to my child participating in horse camp.

\_\_\_\_\_ I have no history of epileptic seizures, heart condition or any other medical problem that could be affected by horseback riding.

\_\_\_\_\_ **I UNDERSTAND IT IS RECOMMENDED THAT MY CHILD WEAR PROTECTIVE HELMET DURING HORSE RIDING ACTIVITIES. I AM AWARE THAT A PROTECTIVE HELMET IS AVAILABLE AND HAS BEEN OFFERED FOR MY OWN OR MY CHILD'S SAFETY.**

If you and/or your child choose to decline wearing a helmet (please initial here): \_\_\_\_\_

**I have read this Release and Waiver Agreement and understand that by signing this document, I am waiving valuable legal rights including any and all rights that I may have against the Releases named above.**

\_\_\_\_\_  
Date

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

# Emergency Contact Form

\_\_\_\_\_  
NAME OF PARTICIPANT

\_\_\_\_\_  
AGE (on first day of camp)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

Student is being requested to participate in:

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> Sports Camp - June 17th - June 21st | \$50 deposit given: _____ |
| <input type="checkbox"/> Horse Camp - June 24th - June 28th  | \$50 deposit given: _____ |
| <input type="checkbox"/> Agriculture Camp - July 15th - 19th | \$50 deposit given: _____ |
| <input type="checkbox"/> Fun in the Sun - July 22nd - 26th   | \$50 deposit given: _____ |

Our primary means of communication with you is through Class dojo and text. Please provide an email address where you'd like to receive an invitation to Class dojo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contacts for Emergencies and Camp Cancellations:

Persons listed must be reachable during camp hours. List contacts in order of who to contact first.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# HEALTH FORM

NAME OF PARTICIPANT \_\_\_\_\_

## **Persons Authorized for Child Pick-Up (in addition to emergency contacts listed on previous page)**

Camp staff will not release your child unless *proper photo identification* is shown daily by the persons listed. Print clearly and *remember to include yourself* if you plan to pick-up your child from camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INFORMATION and SPECIAL CONSIDERATIONS

*Check any that apply to your child. With awareness of your child's needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the camp.*

- No specific medical or behavioral condition
- Food allergies – please specify \_\_\_\_\_
- Non-food allergies –please specify \_\_\_\_\_
- Any physical, emotional or behavioral conditions, including cognitive, LD, ADD, ADHD, or autism requiring medication, treatment, special restrictions or considerations while at camp – Please specify:  
\_\_\_\_\_  
\_\_\_\_\_

❖ List triggers, signs or symptoms for these conditions:  
\_\_\_\_\_

❖ What techniques do you recommend in managing your child's behavior:  
\_\_\_\_\_

List activities from which the camper should be exempted for health reasons or require special accommodations:  
\_\_\_\_\_

*Please note that it is your responsibility to supply any necessary medical equipment that relates to a specific medical condition.*

**Medications:** List below all medications, including EpiPen, asthma inhaler, over-the-counter or nonprescription drugs, taken regularly.

MEDICATION	DOSAGE	SPECIFIC TIME TAKEN	REASON FOR TAKING

# INSURANCE FORM

---

NAME OF PARTICIPANT

HEALTH INSURANCE / PHYSICIAN

Insurance Company

---

Policy/Group Number

---

Participant ID Number

---

Physician's name

---

Office Phone Number \_\_\_\_\_

Date of last Tetanus shot (mm/dd/yyyy) \_\_\_\_\_

Immunizations: Are the child's immunizations current?      Yes      No

Past Medical Treatment: Please list any major medical treatment within the last year:

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Notification: When do you want to be notified for *minor* injuries (e.g. scrape, non-allergic bee sting, bloody nose, splinter) that do not limit participation?      immediately      at pick up

## Permission to Secure Treatment

In the event of any emergency, I authorize The Classical Christian Academy to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

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PRINTED NAME

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SIGNATURE OF PARENT OR GUARDIAN

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DATE