

\$99

**NEW Price!! Just Reduced!!
For a Limited Time
This Special Expires February 10th
(price will go up to \$125)**

\$99

G R O W T H 2 0 1 0



SNOW CAMP

Snow Camp 2010
March 12-14
Student Registration

Student Snow Camp Registration

Student's name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone: _____

Age: _____ Grade: _____

Adult T-Shirt Size: S M L XL

SPECIAL \$99

(non-refundable)

Original Pricing:

~~Option "A" = Camper Only - \$160/\$175~~

~~Option "B" = Camper/Snow Park - \$190/\$205~~

Please make all checks payable to "Bethel Church."
You may also use your Mastercard/Visa for payment.

Deposit received _____ Check _____ Cash _____ Credit

JENNESS PARK CHRISTIAN CAMP CAMPER INFORMATION FORM

(To be completed by parent or legal guardian of Camper, if Camper is under the age of 18; both sides must be completed in full)

Contact Information:

Name of Camper: _____ Age: _____ Date of Birth: ____/____/____ Sex (check): Male Female
Last First

Parent/Guardian of Camper: _____ Group Name: _____ Dates of Camp: ____/____/____ - ____/____/____
Last First

_____ () _____ ()
Street Address City State Zip Home Phone Cell Phone

Emergency Contact: _____ () _____ () _____ ()
Home Phone Cell Phone Work Phone

Family Doctor: _____ () Insurance Company: _____ Policy #: _____
Office Phone

JENNESS PARK CHRISTIAN CAMP'S INSURANCE IS ONLY SECONDARY INSURANCE, AND BEGINS WHERE CAMPER'S HEALTH AND ACCIDENT INSURANCE POLICY TERMINATES, AND IS ONLY VALID WHEN OTHER INSURANCE HAS BEEN EXTENDED TO ITS LIMITS AND DEDUCTIBLE(S) PAID.

Health History:

Does the Camper have any physical, mental or other medical conditions and restrictions? If so, please explain: _____

Does the Camper have any known allergies to food, medication, insect bites or other allergens? If so, please explain: _____

Date of Last Tetanus Shot: ____/____/____

If Camper is under the age of 18, I, the undersigned parent or legal guardian, give Jenness Park Christian Camp permission to administer the following medication (or its generic equivalent) to Camper (check all that apply): Tylenol Ibuprofen Asprin Benadryl Pepto Bismol Neosporin Sudafed

Camper is responsible for bringing to Camp all regularly required medications and dosages: Please list all medications brought to Camp:

- | <i>Name of Medication:</i> | <i>Frequency and Dosage Schedule:</i> |
|----------------------------|---------------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

MEDICAL RELEASE:

If I, the undersigned, am injured as a Camper or cannot be reached in an emergency involving my child during the camp dates show above, I hereby authorized Jenness Park Christian Camp to give consent and agree, on my behalf, to pay for any emergency medical or dental care for me or my child under Family Code section 6910, as the case may be. This authorization includes the authority to give consent and agree, on my behalf, to pay for any injection, anesthesia, surgery or orthodontic care deemed necessary by, and to be rendered under the general or special supervision of a qualified physician, surgeon or dentist. I also authorize the health supervisor on duty at Jenness Park Christian Camp to administer medical aid as required for illness of or injury to me or my child.

<i>Signature of Adult Camper or Parent/Legal Guardian of Minor Camper</i>	<i>Printed Name</i>	<i>Date</i>
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<i>Signature of Witness</i>	<i>Printed Name</i>	<i>Date</i>
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JENNESS PARK CHRISTIAN CAMP

ASSUMPTION OF RISK AND LIABILITY RELEASE

WHILE JENNESS PARK CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR EACH CAMPER, WE REQUIRE THAT THIS RELEASE BE READ, UNDERSTOOD, FILLED OUT SIGNED AND DATED BY THE ADULT CAMPER OR THE PARENT OR LEGAL GUARDIAN OF ANY CAMPER UNDER THE AGE OF 18.

1. Voluntary Participation/Permission. I, the undersigned, am (check one) a Camper of at least 18 years of age or the parent or legal guardian of the minor Camper named on the preceding page, and I acknowledge that I have voluntarily applied to participate in the activities that occur at, on, or around Jenness Park Christian Camp, or authorized my child to participate in the activities that occur at, on or around Jenness Park Christian Camp, as the case may be. I understand that these activities include, but are not limited to, swimming in the lake, boating, adventure recreation (including, but not limited to, zip line, leap of faith, Jacob’s ladder, giant swing, climbing wall, and team building activities), archery, paintball, go karts, strenuous competition games, and other camp activities and exercises (collectively, the “Camp Activities”). I accept full responsibility for any injury or accident to me or my child, as the case may be, that may occur as a result of my participation or my child’s participation in any of the Camp Activities or attendance at Jenness Park Christian Camp.

2. Assumption of Risk. I AM AWARE THAT THE CAMP ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES OR PERMITTING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AS THE CASE MAY BE, WITH KNOWLEDGE OF THE DANGER INVOLVED. I FURTHER HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME OR MY CHILD, AS THE CASE MAY BE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. Release. As consideration for me or my child, as the case may be, being permitted by Jenness Park Christian Camp and the California Southern Baptist Convention to participate in the Camp Activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Jenness Park Christian Camp or the California Southern Baptist Convention, or any of their respective employees, directors, officers, or agents, on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of Jenness Park Christian Camp or the California Southern Baptist Convention as a result of my participation in any of the Camp Activities.

4. Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND JENNESS PARK CHRISTIAN CAMP AND THE CALIFORNIA SOUTHERN BAPTIST CONVENTION, AND SIGN IT OF MY OWN FREE WILL.

5. Use of Media. I acknowledge and agree that for promotional or marketing purposes, Jenness Park Christian Camp may use any audio, video, and/or photography of guests or Campers, which may include me or my child, participating in the Camp Activities or otherwise present at Jenness Park Christian Camp.

6. Indemnity. Should Jenness Park Christian Camp and/or the California Southern Baptist Convention, or anyone acting on their behalf, incur any loss, liability, damages or attorneys’ fees and costs to enforce this Release, I agree to indemnify and hold Jenness Park Christian Camp and the California Southern Baptist Convention harmless for any such loss, liability, damages, or attorneys’ fees and costs.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT IF THERE ARE ANY INJURIES OR PROPERTY DAMAGE DURING MY OR MY CHILD’S PARTICIPATION IN THESE ACTIVITIES, I AND/OR MY CHILD MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED ANY RIGHT TO MAINTAIN A LAWSUIT AGAINST JENNESS PARK CHRISTIAN CAMP OR THE CALIFORNIA SOUTHERN BAPTIST CONVENTION ON THE BASIS OF ANY CLAIM WHICH HAS BEEN RELEASED HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, HAVE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper

Printed Name

Date

DECLARATION OF WITNESS

I certify that the signatory set forth above acknowledged in my presence that he/she read and fully understood the meaning and consequences of the foregoing ASSUMPTION OF RISK AND LIABILITY RELEASE, and signed it in my presence.

Signature of Witness

Printed Name

Date

Leland High Sierra Snowplay Inc. Group Rental and Liability Release Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

Name of user of the equipment:

Group or Organization:

I hereby give permission to the above named person ("User of the equipment") to rent Snow Play equipment from Leland High Sierra Snowplay Inc.

As parent or legal guardian for the User of the Equipment, I accept and clearly understand that there are inherent and other risks involved in the sport of snow play for which this equipment is to be used, and that injuries are a common and ordinary occurrence of this sport.

I ACKNOWLEDGE THAT THE USER OF THE EQUIPMENT FREELY ASSUMES ALL RISK OF INJURY ASSOCIATED WITH TUBING. (_____) Initial

I HEREBY RELEASE from any legal liability and agree to indemnify and hold harmless Leland High Sierra Snowplay Inc., its owners, agents and employees from any and all liability for damage or injury to the User of the Equipment, any person or property arising from the maintenance, selection, adjustment or use of the equipment. I assume the full responsibility and risk of any and suck damage or injury of any kind which may result from the use of this equipment. (_____) Initial

I accept for use AS IS the equipment that is rented, and accept full responsibility for its care while it is in the above named person's possession. I will be responsible for the replacement, at full retail value, of any equipment rented from Leland High Sierra Snowplay Inc. under this agreement, which is not returned. I agree to reimburse, and hold harmless Leland High Sierra Snowplay Inc. for any loss or damage of any kind, other than reasonable wear and tear which may result from the use of this equipment. I agree to return or have returned all equipment by the agreed date, in clean condition to avoid any additional charges. (_____) Initial

I ACKNOWLEDGE that there is an inherent risk of injury in the sport of tubing, and use of any equipment, and expressly assume the risk for any damage or injury to any person or property resulting from the use of the equipment. (_____) Initial

I UNDERSIGNED, HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE RENTAL AND RELEASE AGREEMENT. (_____) Initial

Parent or Guardian:

**BETHEL CHURCH OF SAN JOSE
STUDENT MINISTRIES DEPARTMENT CONSENT FORM
2010 Calendar Year**

Liability and Medical Release

(I), (We), the undersigned, parent(s)/guardian(s) of _____ hereby agree to indemnify, defend and hold Bethel Church San Jose harmless from and against any claims, actions or demands alleging that Bethel Church San Jose has any liability to any third party arising from the subject use of facilities and/or incident at a Bethel Church event. (I), (We), also authorize the adult leaders(s) in charge as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood, and agreed, this authorization will remain in effect indefinitely, unless canceled by the undersigned. (I), (We), understand that any medical expenses are (my), (our), full responsibility and will not hold Bethel Church accountable for any of them.

Activity Permission and Photo Release

(I), (We), the undersigned parent(s)/guardian(s) of _____ hereby give permission for this minor child to participate in Bethel Church activities and ride in a designated vehicle to any Bethel Church activity. This authorization will remain in effect indefinitely, unless canceled by the undersigned. I also give permission for free use of this minor child in a picture or video in any promotional material used for Bethel Church of San Jose.

SIGNATURE OF PARENT(S)/GUARDIANS(S): _____

DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT NAME: _____

PHONE: _____

INSURANCE CARRIER NAME: _____

POLICY #: _____

DRUG ALLERGIES / MEDICAL PROBLEMS _____

1201 S. Winchester Blvd. San Jose, CA 95128 408-246-6790 x253