



Camp LuWiSoMo 2023 CIT Training – Payment & Waivers

CIT

First Name _____ Middle _____ Last _____
Preferred Name _____ T-Shirt Size (*Circle One*) Youth S M L | Adult S M L XL 2XL

Primary Phone _____ Home Mobile
Email _____

Gender M F Birth Date _____ Current Grade _____
(Month / Day / Year) (2022-2023 School Year)

Parent(s) Name(s) _____
 Guardian

Address _____
City _____ State _____ Zip Code _____

Primary Phone _____ Home Mobile for _____
Alternate Phone _____ Home Mobile for _____
Email _____ for _____
Email _____ for _____

Payment

\$170 Due by May 12th

Check (*Payable to "Camp LuWiSoMo"*)

Credit / Debit Card (*Approximate 3% credit card processing fee applied*)
Card Number _____ Expiration _____ Security Code _____
Name as it appears on card _____
Billing Address _____

Mail: Camp LuWiSoMo, W5421 Aspen Road, Wild Rose, WI 54984 | Email: camp@luwisomo.org

Release, Waiver, and Indemnity Agreement

It is my intention by this agreement to exempt and relieve Camp LuWiSoMo and its officers, agents, or employees from liability for personal injury, property damage, or wrongful death of the participant (camper) named caused by any act of negligence of Camp LuWiSoMo, and its officers, agents or employees.

For and in consideration of permitting the participant named to observe, or use any facility or equipment of Camp LuWiSoMo, or engage in and/or receive instruction in any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury at Camp LuWiSoMo, Wild Rose, Wisconsin, the undersigned parent and/or guardian of the participant named hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to the participant named as a result of the participant's observing or using facilities or equipment of Camp LuWiSoMo, or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned parent or guardian of the participant named for him/herself, his/her heirs, executors, administrators, or assignees agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Camp LuWiSoMo, or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless Camp LuWiSoMo, and its officers, agents, servants, or employees from any and all claims or causes of action by the participant named or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of the participant named present any claim against Camp LuWiSoMo, and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Camp LuWiSoMo and said persons.

The undersigned parent or guardian represents that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Release, Waiver, and Indemnity Agreement - Horses

The undersigned parent or guardian of the participant named acknowledges and accepts that horseback riding and activities related thereto, involve the risk of personal injury, and hereby waive all rights, if any, claims, causes of action and lawsuits against Camp LuWiSoMo and its employees for any injury, liability, or damages which may occur while the participant (camper) named is participating in activities at the stables or riding any horse, whether leased or owned by Camp LuWiSoMo, or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless Camp LuWiSoMo, or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and the participant rides at their own risk.

I understand that horseback riding involves being in remote areas for extended periods of time, away from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time

I agree to take full responsibility for the participant and the animal participant is riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. (If you do not have the required helmet Camp LuWiSoMo will provide one for you)

I agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of the participant's injury or illness.

I understand the Wisconsin Law Provisions [Wisconsin Statute 895.525 (3) & (4)] pertaining to this activity: A participant in a recreational activity engaged in on premises owned or leased by a person who offers facilities to the general public for participation in recreational activities accepts the risk inherent in the recreational activity of which the ordinary prudent person is or should be aware and is responsible to do all of the following: (1) Act within the limits of his or her ability; (2) Heed all warnings regarding participation in the recreational activity; (3) Maintain control of his or her person and the equipment, devices, or animals the person is using while participating in the recreational activity; (4) Refrain from acting in any manner that may cause or contribute to injury to himself or herself or to other persons while participating in the recreational activity. A violation of this law constitutes negligence.

I understand the Wisconsin Law Provisions that a person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in [Wisconsin Statute 895.481 (1) (e)].

I understand the Camp LuWiSoMo rules for trail rides and participation at the stables: (1) Riders must be 8 years of age or older (no exceptions); (2) All riders must wear a helmet; (3) Riders must be wearing suitable attire such as long pants, shirts, and shoes that are closed toed and closed healed; (4) No running, screaming, or riding double; (5) Riders must remain with the group at all times; (6) When riding riders are not to hold your horse back, or trot your horse to catch up. Anyone not following these rules will be unable to ride or continue on their trail ride.

My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Authorization for Medical Treatment and Release of Information

I hereby give permission to the medical personnel selected by the camp representative to administer first aid, and to order x-rays, routine tests, and treatment. In the event of an emergency, I hereby give permission to the physician selected by the camp representative to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for the participant named. I hereby agree to be responsible for payment of all costs or expenses of any health care provided or other person who acts in reliance upon this consent and authorization for treatment.

Camper Expectations

It is our goal that everyone who attends Camp LuWiSoMo is encouraged and strengthened in their faith through authentic community, outstanding staff, experiential activities, and intentional faith building. To ensure a safe and positive Christian environment for every camper, Camp LuWiSoMo expects each camper's behavior, speech, and clothing are appropriate for the Christian atmosphere we are trying to model.

Authorization for Photo Release

I hereby grant permission to Camp LuWiSoMo to use photographs and/or video images of the participant named for use in official LuWiSoMo materials (print, internet, video, and other media) at the discretion of Camp LuWiSoMo. While participant's images may be captured and used, their name will not be shared.

Cancellation

Deposits are non-refundable. No refunds will be granted after May 12, 2023. If a CIT leaves early due to homesickness, disciplinary reasons, or parent request, no refund will be given.

Signature of CIT

Date

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian for Participant