

Valley Vista Adventist Center

Camp: 532 Valley Vista Lane, Huttonsville, WV 26273

A ministry of the Mountain View Conference of Seventh-day Adventists

Office: 1400 Liberty Street, Parkersburg, WV 26101

Camp phone: 304-335-2000 Office phone: 304-422-4581

Camp fax: 304-335-2242 Office fax: 304-422-4582

PARTICIPANT INFORMATION, WAIVER AND RELEASE OF CLAIMS, ASSUMPTION OF RISK AND CONSENT TO MEDICAL TREATMENT FORM.

Please read this document (the “Waiver”) carefully, as it affects your future legal rights. By signing below, you (on behalf of yourself or your minor child/ward and any personal representatives, assigns, heirs and next of kin) acknowledge, agree and represent that you have carefully read and fully understood the Waiver and agree to its terms. Each adult attending the Premises and/or participating in the activities of the Camp must complete and sign the Waiver. A parent/guardian of a minor Attendee must complete and sign the Waiver on behalf of the minor attendee. Valley Vista Adventist Center will be referred to as “Camp” in the document and will include the Mountain View Conference of Seventh-day Adventists and its parent and subsidiary organizations, members, volunteers, and employees.

Adult Information

Name 1	_____	Name 2	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Home phone	_____	Home phone	_____
Cell phone	_____	Cell phone	_____
Email	_____	Email	_____
Date of birth	_____	Date of birth	_____
Age	_____	Age	_____

<u>Child name</u>	<u>email</u>	<u>age</u>	<u>cell phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency contact name _____ Emergency number _____

Do you, or anyone with you, have any allergies, reactions to medications or insects, or any other medical limitations?

____ Yes ____ No If yes, identify and explain: _____

Are you, or anyone with you, currently taking medication (prescribed or otherwise)?

Yes No If yes, please explain and identify (only needed for children where their guardian is not present): _____

Are you, or anyone with you, aware of being currently sick with any communicable disease or virus including COVID-19 or show the symptoms of being sick with a communicable illness? Symptoms include but are not limited to: a fever over 100 degrees Fahrenheit within the past 48 hours, coughing, shortness of breath, or sore throat, recent loss of taste or smell, vomiting or diarrhea in the last 24 hours.

Yes No

If yes, we ask that you either not come to the camp or return home unless the symptom is unrelated to a communicable illness. Have you been in close contact with a confirmed case of COVID-19?

Yes No If yes, please discuss with the camp nurse the details.

1. I expressly acknowledge and agree that all guests/visitors/participants assume all risks and danger incidental to the activity of camping in a rustic outdoor environment and being involved with camp activities including specifically (but not limited to), the danger of being injured or killed by insects or other animals such as horses, allergic reactions to plants such as poison Ivy, participating in recreational activities such as swimming or outdoor sports at the Camp or in field trips off premises, cycling activities on or off premises, caving activities on or off premises, Go-karts, participating in the ropes course with high and low elements, inclement weather conditions, and falling trees or limbs. I freely and voluntarily agree to assume the full risk of death, bodily injury or property damage, regardless of severity, that I (or my child/ward) may sustain as a result of participation in the activities of the Camp or attendance at the premises, howsoever arising, including, but not limited to, the active or passive negligence of the Camp.
2. I expressly acknowledge and agree that all guests/visitors/participants assume all risks and danger related to becoming exposed and/or infected from contagious illnesses from other individuals which may lead to personal injury, sickness or death. No matter how many preventative steps the camp takes, we cannot guarantee you, your family, or visitors will not become exposed or infected with highly contagious viruses or diseases such as COVID-19.
3. Any liability arising from accidents involving Camp transportation I am assuming the risk for and releasing the camp from liability.
4. I represent that any activity I choose to participate in, that I am physically able to safely do so.
5. Parents/guardians are responsible for the conduct of their children and youth during events in which the parents/guardians are present at the camp with their children such as Campmeeting. No one under age 18 may stay at the camp without adult supervision.
6. Christian modesty in dress is expected at all times while on the camp premises or in organized activities off premise. Modest one-piece swimming suits, tankinis, or two-piece bikinis with a swim shirt are required for swimming for the ladies. No speedos for men.
7. Tobacco, alcohol, and illicit drugs are prohibited on the campground or organized activities.
8. Candles and open fires are prohibited on the campground except for supervised campfire bowls.
9. Pets are discouraged at the camp. No pets are allowed in any rooms, cabins, or buildings. Dogs must be on a leash at all times and properly supervised. You must clean up after your dog. If your dog continually barks you will be asked to take the dog off the premises. Shots must be up-to-date.
10. It is expected that campers and visitors will be supportive of the mission of the organized Seventh-day Adventist Church. Unauthorized literature distribution or other disruptive activities may be cause for dismissal from the premises.
11. Unauthorized solicitation, selling, or promotion of any product is prohibited.
12. Trash needs to be disposed of in trash bags and placed in trash barrels.

13. Report to the Lodge Office any disorderly or improper conduct and destruction of property that you cannot tactfully correct.
14. Personal items must be removed from facilities when you check out. Anything left will become the property of the Camp.
15. Bicycles may not be ridden on the pathway between bath house and auditorium. Riders age 15/under must wear helmets. Bicycles should be parked in designated racks where available.
16. Quiet time on campgrounds begins at 10 pm, except for Saturday night at 11 pm, unless otherwise instructed.
17. Cell phones should be turned off or on vibrate during meeting times.
18. No 4-wheelers allowed at the Camp.
19. Valley Vista Lake has no lifeguards normally stationed there.
 - a. No private motorized watercraft allowed.
 - b. No swimming.
 - c. Life jacket must be used when using paddle boats, canoes, other water toys.
 - d. No driving on the dike.
 - e. Children under age 12 must be accompanied by an adult.
 - f. Lake closes at dusk.
20. I consent to medical care and transportation in order to obtain treatment in the event of injury to me as the camp owners, officers, directors, managers, staff, volunteers or other medical professionals may deem appropriate and understand that this waiver extends to any liability arising out of, or in any way connected with, such medical treatment or transportation.
21. I agree to follow the rules of the camp as well as all federal, state, and local laws while on the premises as well as obey the directions of the camp staff, managers, and officers.

ACTIVITY PERMISSION

The Camp offers many organized activities such as: Horses, mountain biking, go-karts, swimming pool, ropes course, hiking, lake sports, caving, slip-n-slide, river tubing, and others. All activities have risks which are inherent and cannot be eliminated even if properly supervised. If a parent or guardian, does your child(ren) have permission to be involved with all the activities listed above? _____ Yes
 _____No If No, which activities is the child prohibited from being involved in? Specify which child and activity. _____

PHOTO / MEDIA Release:

I grant to the camp and the Mountain View Conference, and persons acting for or through them, the right to use, reproduce, assign, and or distribute photographs, films, videotapes, and sound recordings of myself and/or my child/ward for use in materials they may create.

Signature 1: _____ Signature 2: _____

I understand that there are inherent and unforeseen risks involved in participating in the activities of the camp or while attending the premises. I have read this document in its entirety and fully understand its terms. I understand that I am giving up substantial legal rights by signing below, including the right to sue the camp, the Mountain View Conference of Seventh-day Adventists, its parent organizations and subsidiary organizations, its employees, members, and volunteers. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a waiver and complete and unconditional release of all liability due to the negligence of the camp or, the inherent risks of participating in the activities of the camp or while attending the premises. I indemnify and hold harmless the Camp from actions I, or my children, might take that would cause liability for the camp and agree to cover any property damage that my actions, or that of my children, might cause.

Attendee signature 1: _____ Printed name: _____

Attendee signature 2: _____ Printed name: _____

Date: _____

PLEASE CHECK ONE:

- I am at least 18 years
 I am younger than 18 years old and my parent or guardian has reviewed this waiver and signed below.

PARENTAL WAIVER OF CLAIMS:

Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we _____ (parents' or guardians' name(s)) give permission for my/our child _____, _____, _____, _____ (child's name(s)) to participate in the activities of the camp on or off premises. Should my/our child become injured, I/we request that the group leader(s) secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we further acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read and agree to all sections of this waiver form and do hereby release the camp, the Mountain View Conference of Seventh-day Adventists, and its employees, members, and volunteers from liability for any damage, injuries, or losses which may occur while said child is attending and participating in the activities of the camp. We furthermore grant permission to the camp, that if we are unable to be contacted in a medical emergency, that the camp manager and officers can make medical decisions for my child, expressly for what is best for the child, but do not have permission to have my child be removed from life support, if that became a question.

Date: _____ Signature: _____
(parent or guardian signature of participant under age 18)

Guardian printed name: _____

This document will be accepted on original paper, or electronic methods, facsimile, and in several counterparts, each of which shall be deemed to be an original, and together shall constitute one and the same document.