



Bringing Hawai'i's youth together

ages: 9-12 years

islandbreezehawaii@gmail.com

# March 12-15, 2012

Please read carefully and complete all areas of this form. Print clearly  
SEND TO: PO Box, 1137, Kapa'au, Hawaii 96755 Ph: 808.889.5082

Please include current photo ID

Campers Name: \_\_\_\_\_ \_\_Male \_\_Female

Health Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact No#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact No#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_ Campers Age: \_\_\_\_\_

Third Party Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Please select one of the tracts to participate in during the week:

**Airsoft**  **GLEE**  **Video**  **Na Koa**

Fee: \$150.00 Paid by: Cash  Check  Each tract requires a minimum number of registrations.

**Check must be written out to: Island Breeze Ministries**

## Waiver and Release

1. The parents or guardians submitting this application, are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Camp, including a photocopy of the section of any court order referring to visitation rights.

2. The Camp Director reserves the right to dismiss a guest without refund who, in their opinion, is a hazard to the safety or the rights of others who appear to have rejected the reasonable controls of the Camp.

3. Every precaution is taken for the safety and good health of our guest, but in the event of an accident or sickness hereby release Camp Lokahi, its Directors, staff members, employees, owners, agents, volunteers, and support from all claims, demands, rights of action, causes of action, present or future, whether the same be known, anticipated or unanticipated.

4. In the event that a guest requires prescribed medication at the Camp or requires special medication, transportation, X-ray or treatment beyond that which is possible in the Camp, the parents/guardian will be immediately notified and will be responsible for any additional expense.

5. In the case of surgical emergency, I hereby give permission to the physician selected by the Camp to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named on this application.

6. In consideration of Camp Lokahi accepting custody of the child of the undersigned for camp, the undersigned assumes full responsibility for and all risks of injury or damage that may occur following the Camp's programs or activities anywhere to such said child while camper at and in the custody of Camp Lokahi.

7. I give permission for Camp Lokahi to use any photograph or video footage my child is in for promotional materials.

8. I hereby agree to reimburse Camp Lokahi for any property damage caused by my child.

9. In consideration of Camp Lokahi furnishing services and/or equipment to enable guest to participate in Airsoft games, I agree as follows: I fully understand and acknowledge that: (a) risks and dangers exist in guest's use of Airsoft gun equipment and guest's participation in such activities and/or use of such equipment may result in guest's injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Camp Lokahi: the negligence of the participants, the negligence of others, accidents, breaches of contract, the focus of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes: and (d) by guest's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Camp Lokahi or by any other person.

10. It is hereby acknowledged that the undersigned leave the said child with the said Camp at their own risk and the said Camp shall not be liable for any damages arising from any personal injuries sustained by the child, in or about the lands and premises of the Camp or while engaged in or attending any classes, exercise, activities, programs or events whether on or off the lands of Camp Lokahi.

I hereby certify that I have read, understood and accept the content of this registration

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Registration Form Cannot be Accepted Without Signature

Additional consent for Airsoft Guns: I give permission to my child ("guest") to participate in Airsoft Gun activities Yes No