



**Submit Upon Acceptance**

**Week in the Forest Payment and Liability Release Form**

Camper Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Your name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Please verify that the following emergency contact will be available during the duration of the program (July 26-July 29.)

Emergency Contact \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Tuition Calculator**

Camper Name: \_\_\_\_\_

Session: WIF5

Total Tuition Due (\$599/camper): \$ \_\_\_\_\_

Non-Refundable Deposit: \$ \_\_\_\_\_

*A \$125 per session non-refundable deposit is included in the tuition and is due with this registration.*

Payment Amount Enclosed: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

**Final Payment is Due: July 9, 2017**

*Please contact the camp registrar if you are unable to meet this requirement.*

**Payment Information**

*Please include **check** made payable to "Calvin Crest Conferences" or **credit card** information. We accept Visa, MasterCard and Discover.*

Indicate Amount to Charge \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Exp Date month \_\_\_\_\_ year \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Cancellation Policy:** In the event of a cancellation, a \$125 per session non-refundable deposit (included in the camp fee) will be retained. Refunds are not guaranteed for any cancellation made within two weeks prior to camp.

**THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS.** Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conference services and facilities. While Calvin Crest strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect Participant's participation in the Calvin Crest camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I also give Calvin Crest permission to use Participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENT ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**Camper Check-In: Monday, 2-4pm**

**Camper Check-Out: Saturday, 9-10am**

For those traveling 200 miles or more, ask about our **200 Mile Partnership** for free overnight lodging for drop-off and/or pick-up. All persons checking out a camper must be a parent or legal guardian or be listed as an Authorized Pick-Up. Photo Identification is **required** at check-out.