



Email: [aglovier@kenbrook.org](mailto:aglovier@kenbrook.org)  
 PH: 717-865-4547 x109  
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**Return application and direct inquiries to:**

Ashley Glovier  
 Director of Youth Ministries  
 190 Pine Meadow Road  
 Lebanon, PA 17046

## 2010 C.I.T. Application

Thanks for your interest in the C.I.T. program! We have been praying for the individuals whom God has selected to participate in this leadership development program. The C.I.T. program exists to equip teens for ministry by having them assist senior counselors with campers, and help with all camp evening programs and special activities. Participants will also be challenged and encouraged through small group times with the C.I.T. Directors. During this time, students will be exploring aspects of ministry and leadership such as studying and teaching the Bible, servant leadership, teamwork and communication. By providing hands on training to our future generation of leaders we seek to better prepare and shape our future leaders for ministry in their youth groups, schools, and communities as well as here at Kenbrook.

This application is to be completed by those who are applying for any position involving the supervision or custody of minors. It is used to help Kenbrook provide a safe and secure environment for the children and youth who participate in our programs and use our facilities. **This application will be kept confidential by the camp directors.** Please do not leave anything blank. If something does not apply to you, please designate it as "not applicable" or "N/A".

**General Information:** (Please type or print)

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Birthdates \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_  
 High School \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
 Circle Last Grade Completed (as of 6/2010): 10 11 12  
 Current Church Home: \_\_\_\_\_  
 Church Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Parent/Guardian Name(s) \_\_\_\_\_  
 Number where they can be reached while at camp: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Tee-shirt size \_\_\_\_ Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large \_\_\_\_ Adult XL \_\_\_\_ Adult XXL \_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime?  
 \_\_\_\_ No \_\_\_\_ Yes (If yes, please explain. Attach a separate page, if necessary.)

**Past Employment** (List most recent experience first)

| Employer's Name & Address | Phone # | Employment –<br>Month/Year | Position/Responsibilities |
|---------------------------|---------|----------------------------|---------------------------|
|                           |         |                            |                           |
|                           |         |                            |                           |
|                           |         |                            |                           |

**Staff Member Experience**

| Camp | Phone # | Address | Position |
|------|---------|---------|----------|
|      |         |         |          |
|      |         |         |          |

Do you have any physical or mental limitations that would prevent you from performing the essential functions of the camp position(s) you are applying for as listed in the respective job description(s)?    \_\_\_ Yes    \_\_\_ No

If you answered *yes* to the foregoing question: What, if any, reasonable accommodations could be made to allow you to perform the essential functions of the position, in light of your limitation?

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Having a physical disability does not automatically prevent someone from serving on the summer staff. However, it is important that we know of any special needs or limitations you may have so we can determine appropriate assignments and whether or not reasonable accommodations can be made to help you perform the essential functions of the position.

**Skills Survey**

Please list any current certifications you hold, such as Red Cross First Aid, CPR, WSI, Lifeguard, archery, riflery, etc. \_\_\_\_\_

Please indicate with a number 1 those activities you could organize and teach; those you could assist with a 2; those you have an interest in learning with a 3. Feel free to list other activities you can teach if they are not listed.

- |  |                                     |
|--|-------------------------------------|
| ___ White Water Kayaking (includes Friday trip)  | ___ Science                         |
| ___ Kayaking (instruction in pool and lake only) | ___ Woodworking                     |
| ___ Archery                                      | ___ Outdoor Cooking                 |
| ___ Riflery (using real guns)                    | ___ Canoeing                        |
| ___ Drama (Acting Fun, age 8-9)                  | ___ Outdoor Explorers               |
| ___ Play Production (age 10-11)                  | ___ Shape N' Race (Pinewood Derby)  |
| ___ Script Writing Workshop (age 12-14)          | ___ Skateboarding                   |
| ___ Sports Mania                                 | ___ Bracelet Making                 |
| ___ Paintball                                    | ___ Drawing                         |
| ___ Team Building Initiatives                    | ___ Oil Painting/Pastels/Watercolor |
| ___ Zip Line/Climbing Tower                      | ___ Pottery                         |
| ___ Interpretive Dance                           | ___ Other Crafts: _____             |
| ___ Aquatic Games                                | ___ Other Track Activity: _____     |

**This summer, we are in utilizing CITs for both the *Rez Camp* and *Venture Out* trip programs. Please check which program and which dates you are available and interested in participating:**

- \_\_\_ I am interested in being a **REZ CAMP CIT** (staying on site); must be able to be present for **BOTH** sessions)
- \_\_\_ Age 8-9 (June 20-25) & Age 10-11 (June 27-July 2)
  - \_\_\_ Age 10-11 (July 4-9) & Age 6-8 (July 14-16)
  - \_\_\_ Age 12-14 (July 18-23 & July 25-30)

- \_\_\_ I am interested in being a **VENTURE-OUT CIT** (going off site on trips); may choose one or multiple weeks
- \_\_\_ Delaware River Trip (*females only*), June 20-25
  - \_\_\_ Kenbrook & Beyond day trips, age 10-11 (June 27-July 2)
  - \_\_\_ Kenbrook & Beyond day trips, age 10-11 (July 4-9)
  - \_\_\_ Cape Henlopen, age 10-11 (July 18-23)
  - \_\_\_ Kenbrook & Beyond, age 12-14 (July 25-30)
  - \_\_\_ Delaware River Trip (*males only*), August 1-6

**Personal Experience**

Attach a separate page(s) in order to answer the following questions.

- 1. (a) Why are you interested in being a part of the C.I.T program, and (b) What do you hope to gain from this program?
- 2. What does it mean to be “saved?” What would you tell a friend if they asked you how they can be saved?
- 3. Do you believe the Bible in its ENTIRETY is the inspired word of God? What is the Bible’s place with respect to other writings?
- 4. In what areas will you contribute to Kenbrook as a CIT (i.e. what are you good at, what are your passions and gifts?).
- 5. Please answer the following questions with honesty and integrity.
  - a. Are you a user of tobacco? \_\_\_\_\_
  - b. Are you a user of alcohol? \_\_\_\_\_
  - c. Are you currently using illegal drugs of any kind? \_\_\_\_\_
  - d. Do you have any homosexual tendencies \_\_\_\_\_
- 6. Please write your personal testimony and include (a) how you came to Christ; (b) what your personal spiritual development looks like *today*.

**ORIENTATION:** Please choose one time slot you will be attending for orientation, which is **mandatory** unless you have extenuating circumstances that absolutely cannot permit you to attend.

\_\_\_\_\_ I will be attending the morning session, June 5<sup>th</sup> from 10:00am-11:30pm.

\_\_\_\_\_ I will be attending the afternoon session, June 5<sup>th</sup> from 1:00pm-2:30pm.

\_\_\_\_\_ I cannot attend Orientation because \_\_\_\_\_.

**References**

Applicants must distribute **TWO** reference forms along with two self-addressed stamped envelopes to Kenbrook (*do not use relatives as a reference*). **One reference MUST be your pastor, youth pastor or a spiritual mentor.** We cannot complete the processing of your application until both references have been received.

**Signatures**

*I recommend this applicant for the CIT program and attest that he/she is an active member of the church and/or youth group. To the best of my knowledge I believe that he/she will serve as a good example to the campers and fellow CITs, while striving to be Christlike in all things.*

\_\_\_\_\_ I prefer to discuss this further on the phone. Please give me a call (phone number: \_\_\_\_\_).

YOUTH PASTOR/MENTOR’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
CHURCH NAME \_\_\_\_\_ CHURCH PHONE \_\_\_\_\_

*If accepted to the Kenbrook C.I.T. program, I agree to cooperate fully with the policy and program of the camp and to submit to my director(s) and mentoring counselor as I commit to learn, grow and mature in both my leadership skills and my walk with the Lord .*

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENTS:** I have read the description of the C.I.T. program as found in the 2008 Summer Brochure as well as the “C.I.T. Job Description” and give my permission for the above named person to participate. I understand that no camp fees are charged for the C.I.T. program and no remuneration is given.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



*C.I.T.  
Reference*

**To the Applicant:**

Please enter your name and position applied for in the space below. Please provide a stamped envelope addressed to "C.I.T. References, Kenbrook," for each form. It is your responsibility to see that forms are distributed and returned to the camp.

**To the Reference:**

The person named below has given us your name as someone who can tell us something of his or her past performance and personality. Please complete the questions as fully and honestly as possible. Your opinions will become part of the applicant's confidential file. Return form to Kenbrook in envelope provided by the applicant.

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

The above named applicant has applied for a position as a C.I.T. (Counselor in Training). Participants will explore aspects of ministry and leadership such as studying and teaching the Bible, servant leadership, teamwork and communication. This extensive *discipleship* program will prepare students to serve on Kenbrook staff in the future as well as help to shape them for current ministry in their youth groups, schools, and communities. Please evaluate the applicant as you have seen them live and perform in the routine of daily living. Your feedback is appreciated tremendously!

Name of Referent \_\_\_\_\_ Date Completed \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

**Please check your perception of the applicant:**

1. Responsibility     Excellent-follows through on assigned tasks with diligence  
                           Good-follows through on assigned task  
                           Average-usually follows through on assigned tasks  
                           Poor-needs to be told what to do
  
2. Initiative         Excellent-will look for things to do  
                           Good-will do things that need to be done  
                           Average-will do the obvious if there is need  
                           Poor-needs to be told what to do
  
3. Industry         Excellent-puts forth the extra mile for excellence  
                           Good-dependable worker-will put in an honest days work  
                           Average-works enough to get by  
                           Poor-lazy
  
4. Leadership      Excellent-a leader of leaders-consistently positively influential  
                           Good-contributes positively  
                           Average-a contributor  
                           Poor     Passive, observing and indifferent, or  Negatively influential
  
5. Emotional  
   Stability         Excellent-exceptionally stable and consistent regardless of situation  
                           Good-well balanced and stable in most situations  
                           Average-usually well balanced  
                           Poor     Excitable, or  Unresponsive
  
6. Judgment       Excellent-consistently makes wise decisions  
                           Good-makes good decisions in most situations  
                           Average-only in optimal situations makes good decisions consistently  
                           Poor     Hasty, or  Indecisive

- 7. Motivation       Excellent-highly self-motivated  
 Good-effectively motivated  
 Average-usually purposeful  
 Poor-purposeless
  
- 8. Cooperation     Excellent-deeply sensitive to others, to all  
 Good-generally concerned for others  
 Average-cooperates when it is convenient or when they are agreeable  
 Poor-difficult to work with
  
- 9. Integrity         Excellent-extremely high values and consistently trustworthy  
 Good-generally honest and true  
 Average-generally honest but may stretch the truth  
 Poor-questionable at times
  
- 10. Personal Appearance     Excellent-very sharp and gives an excellent first impression  
 Good-well groomed and gives a good first impression  
 Average-gives an average first impression  
 Poor-neglects fine detail, careless, sloppy
  
- 11. Communication     Excellent-very articulate, can communicate to all groups clearly  
 Good-gets the thought across very well to most groups of people  
 Poor-has a hard time getting the thought across
  
- 12. Sociability      (Mark all that apply to the applicant)  
 Gregarious, life of the party, known by all, knows everybody  
 Steady, consistent, not given to mood swings  
 Analytical, reflective, contemplative  
 Amiable, loyal, devoted, friendly  
 Expressive, animated  
 Withdrawn, a loner  
 Timid and shy  
 Confident, self-assured  
 Brash and arrogant  
 Blunt and up front  
 Hard to read  
 Tentative, self-conscious  
 Entertaining

1. How does the applicant view authority? \_\_\_\_\_

2. What do you consider special about the applicant? \_\_\_\_\_

3. How would you describe the applicant's Christian commitment? \_\_\_\_\_

4. What one challenge would you give the applicant for their personal growth? \_\_\_\_\_

6.  I prefer to discuss this further on the phone. Please give me a call (phone number: \_\_\_\_\_)

7. I  Highly recommend  Recommend  Recommend with reservations  Do not recommend the applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

Thank you very much! Please send this reference form to:  
C.I.T. References, Kenbrook, 190A Pine Meadow Road, Lebanon, PA 17046



190A Pine Meadow Road • Lebanon, PA 17046  
(717)865-4547 • (717)865-0995 fax  
[info@kenbrook.org](mailto:info@kenbrook.org) [www.kenbrookyouth.org](http://www.kenbrookyouth.org)

## Kenbrook KREW and C.I.T

### *Important Information and What to Bring*

Thank you for registering your son/daughter as a Kenbrook Krew Camper or C.I.T.! We look forward to caring for him/her and doing everything possible to make sure he/she has a wonderful camp experience. This information should help you and your son/daughter with preparation for camp.

**FORMS:** Please complete and mail in the following WITH your application for Krew or CIT: **Health History, Consent and Release Form, Parent Questionnaire, and Departure Release form.** These forms accompany your application for Krew or CIT. **All forms must be received with the application before your application will be processed!** *PLEASE NOTE: If the Krew or CIT participant is also registering ONLINE for a Resident Camp, DZX Camp or Venture Out Trip for the same summer he or she is applying to be a Krew or CIT participant, forms will have already been completed online. The only form needed will be an additional departure release form.*

**OPEN HOUSE is mandatory for all Krew and CIT participants.** Please be sure to select one of the following orientation sessions to attend on the application: 10:30am-12:00noon **OR** 1:00pm-2:30pm.

**INCOMING CAMPERS:** Check in for **Krew & CIT** campers is held at the gymnasium between **2:00 and 2:30 p.m. on Sunday.** The only exception to this is for **Adventures Camp** check in which will be held at the **gymnasium on Wednesday, July 14 from 2:00-2:30pm.** Due to staff time-off and in-service training, **we cannot register anyone before 2:00 pm.** If an emergency situation forces you to register early, you must call ahead to make special arrangements. If you anticipate being quite late, please let us know.

**LEAVING CAMP EARLY:** Leaving camp early is strongly discouraged since it deprives the camper some of the best times of the week. If it is essential for your child to leave camp prior to Friday at 6:30 p.m., please let us know at the time of check-in so we can make the necessary arrangements.

**CHECKING OUT:** After dinner we have a closing program from 6:00-6:30 p.m. that highlights some of the week's events. Campers are dismissed at the close of this program at 6:30pm. Please be sure to pick up your son/daughter by 6:45pm Please be sure to complete Departure Release Form below indicating who will pick up your son/daughter and return it to camp no later than two weeks prior to your son/daughter's arrival. When you sign out your son/daughter, we will return any unused medication and leftover spending money. All Krew and CIT participants **MUST** go home over the weekend and are not permitted to stay at Kenbrook in between his or her weeks of service.

**SPENDING MONEY:** Most campers bring \$10-\$20 per week to spend in the Camp Store. The Camp Store stocks beverages, snacks, Kenbrook clothing, stuffed animals, and various keepsakes. You may wish to purchase the more expensive items when you are with your son/daughter at check in or after the closing program.

**CAMPER HEALTH AND SAFETY:** We make every effort to ensure your son/daughter's health and safety while he/she is at camp. When you sign in, the nurse will review your son's/daughter's medical form with you. *Please send the medical form to camp no later than two weeks prior to your son/daughter's arrival. You must fill out and sign this form annually.* All medications (prescription and non-prescription) must be given to the nurse and will be dispensed by him/her during the week (exceptions may be made for inhalers and topical creams). The nurse's primary responsibilities are to care for chronic medical conditions, acute illness and injury, and to ensure safety for all campers and staff. Therefore, we discourage parents from sending medications which are not for a specific, diagnosed medical condition, since dispensing them often takes an inordinate amount of the nurse's time. Please leave over-the-counter medications such as Tylenol at home. These are available from the nurse as needed. If your child is exposed to any communicable diseases within three weeks of their scheduled arrival at camp, please call camp before coming. If your son/daughter is sick when he/she is due at camp, you may try to reschedule his/her week.

**INSURANCE COVERAGE:** While we strive to provide the best safety supervision possible, should an accident occur or your child need medical attention for an accident, your family insurance will be billed as the primary insurance. Whatever may not be covered by your insurance (including any deductible), may, upon written verification that you have submitted it to your insurance, be submitted to our insurance carrier for consideration and possibly covered under the provisions of our insurance. Kenbrook insurance does not cover illnesses.

**FOOD AT CAMP:** Please do not send snacks to camp with your son/daughter. Our cooks will work hard to provide well-balanced meals, and your son/daughter can purchase snacks at the Camp Store every afternoon. Extra food at camp not only ruins appetites, but it is also a boon to the chipmunks, mice, and squirrels that we try to keep out of the cabins! We are quite willing to accommodate health-related dietary needs. Please speak with the camp nurse, and he/she will relate your son/daughter's needs to the cook.

**HOMESICKNESS & TELEPHONE CALLS:** You can do a lot to minimize homesickness before your son/daughter even leaves home. Assure him/her you will write to them, and let them know that you are certain that they will have fun at camp. We strongly discourage phone calls because they often make homesickness worse and they disrupt the busy camp schedule. *Please do not tell your son/daughter that they can call you whenever they are feeling homesick.* The camp director **will** call you if your son/daughter is struggling with homesickness or some other problem. Together we can determine how best to meet your son/daughter's needs. If you have extenuating circumstances at home that you think will warrant a mid-week phone call to your son/daughter, please make prior arrangements with the camp director.

**WHAT TO BRING:** For a specific list of what to bring, please go to the week of camp at which your child will be serving on Krew or as a CIT and click on the **'Download Forms'** button to review the **"What to Bring"** list.



# **DEPARTURE RELEASE FORM**

To assure your child's safety, we will release your child to only the person(s) you designate.

Camper's Name \_\_\_\_\_

Person picking up the Camper \_\_\_\_\_

(ONE name only)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Person to pick up camper \_\_\_\_\_

(ONE name only)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please choose from the following:

\_\_\_\_\_ My child will depart after the closing program (6:00pm-6:30pm for program).

\_\_\_\_\_ My child will need to depart before the closing program.

(Please specify date and time of early departure.)

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

Parent or Guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

Please Complete and Return by email, mail, or fax **with your initial registration** to the following address:

Kenbrook Bible Camp  
190A Pine Meadow Road  
Lebanon, PA 17046  
717-865-4547  
717-865-0995 Fax

[info@kenbrook.org](mailto:info@kenbrook.org)  
[www.kenbrookyouth.com](http://www.kenbrookyouth.com)





**Kenbrook Bible Camp**  
**190A Pine Meadow Road**  
**Lebanon, PA 17046**  
**Phone: (717) 865-4547**  
**Fax: (717) 865-0995**  
**e-mail: [aglovier@kenbrook.org](mailto:aglovier@kenbrook.org)**

## Parent Questionnaire

Dear Parents,

Your child will be coming to Kenbrook Bible Camp to live in a cabin or tent with other boys and girls their age and with a well prepared counselor of high caliber. By filling out this questionnaire, you will assist us in properly guiding your child while he/she is at camp. Thank you for taking the time to inform us of your child's needs. If there is anything of confidential nature please do not hesitate to call 717-865-4547 and speak with the Camp Director privately.

**If you are registering by mail, this form MUST accompany your registration form.**

**If you have registered ONLINE, you have already completed this form.**

Camper's Name \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

Has he/she been away from home alone for more than two days? \_\_\_\_\_

Who lives at home with him/her? Please list names and relationship to the camper (include age of siblings if applicable):

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please describe your son/daughter's general personality and interests:

What would you like your son/daughter to receive from his/her experience at Kenbrook?

Are there any particular elements of your son/daughter's school or home life that might affect his/her time at camp?

Are there any specific concerns or apprehensions that you or your son/daughter have about him/her coming to camp?

*Thank you for helping us to serve your son/daughter more effectively!*

Signature of Parent of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**IMMUNIZATION HISTORY: ARE ALL BOOSTERS CURRENT? \_\_\_\_\_**

Please record the date (month and Year) of basic immunizations and most recent booster doses: **(please do not skip this section):**

| Vaccines  | Date of Last Booster |
|---|----------------------|
| DPT [Diphtheria, Pertussis (Whooping cough), Tetanus] <b>OR</b> |                      |
| TD (Tetanus, Diphtheria) <b>OR</b>                              |                      |
| <b>Tetanus* (BE SPECIFIC)</b>                                   |                      |
| Hepatitis B   |                      |
| IPV (Inactivated Polio)   |                      |
| MMR: Measles, Mumps, Rubella                                    |                      |
| VAR: varicella (chicken pox)                                    |                      |
| TB (Tuberculi)n   |                      |
| Hib: Haemophilus Influenza Type b                               |                      |

**HEALTH INSURANCE**

As part of our desire to be good stewards of the funds entrusted to us by God and to keep our fees as reasonable as possible Kenbrook’s medical insurance is considered secondary coverage to a camper’s personal medical insurance. Claims resulting from illness or injury while at Kenbrook must first be submitted to the camper’s personal medical insurance.

Please check the appropriate line below and complete the necessary information.

My son/daughter is covered by a medical insurance policy.  
Policyholder’s Name \_\_\_\_\_ Policy holder’s SSN \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company Phone Number \_\_\_\_\_  
Policy Identification Number \_\_\_\_\_

My son/daughter is NOT covered by a medical insurance policy.

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**The following statement must be signed for attendance.**

I testify that the health history and insurance information on this form is correct so far as I know.

The camper listed on this form has my permission to participate in all camp activities except as noted. I understand Kenbrook Bible Camp will make every effort to contact me or the emergency contact I have listed in the event that my child requires medical attention beyond the scope of the Kenbrook Bible Camp nurse. I hereby give permission to Kenbrook Bible Camp to provide ongoing health care, to provide or secure transportation to medical facilities, to select medical personnel, and to order x-rays or routine tests and/or treatment for my child. I hereby give my permission to the physician selected by the Executive Director of Kenbrook Bible Camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia, and/or surgery for my child. This form may be photocopied.

*Signature of parent or guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

Revised 11/09

## KENBROOK CONSENT AND RELEASE FORM

1. **Activities.** I am fully aware that my child, while attending or participating in activities at or relating to Kenbrook Bible Camp ("Kenbrook"), will engage in activities which have a degree of risk and danger. These activities may include, but are not limited to, some or all of the following: group initiatives, low or high ropes activities, living completely out-of-doors, hiking on trails or off-trail through the woods and over uneven terrain, backpacking, camping at established or unestablished campsites, preparing and cooking meals, using canoes, kayaks, or rafts in still or moving water, climbing and rappelling on rockfaces, exploration of non-commercial caves, and a variety of other activities that can be hazardous.

2. **Consent.** I hereby give my child permission to participate in all the programs and activities of the camps he or she may attend. In the event that hikes, field trips, or camping trips are planned away from Kenbrook as part of the camp program, my child has my permission to participate. If my child has the option to do the Tree Climb (a roped ascent up a 30-foot tree), I hereby give my permission to participate should my child choose. If I have elected to restrict any of the activities of my child while at Kenbrook, I will provide Kenbrook in advance with a written expression of those restrictions, and advise my child of any such restrictions, including restrictions relating to diet, health or medical conditions, or physical activities.

3. **Publications.** I give Kenbrook the right to use, reproduce, copyright, and publish audio and pictorial images (including video) of my child to inform the public about Kenbrook including on Kenbrook's website. I hereby waive the right to approve the images or their eventual use.

4. **Release.** *I release and indemnify Kenbrook and its agents, officers, directors, and employees from all liability, including liability associated with my child's injury or death, or loss or damage to property, resulting directly or indirectly from my child's attendance at and participation in Kenbrook and its activities, or from the exercise of the rights and permissions I have granted in this Consent and Release. I will not hold Kenbrook liable for any gross negligence (conduct that is flagrant and grossly deviates from the ordinary standard of care), but I reserve the right to hold the grossly negligent person fully and personally liable.*

5. **Medical Treatment.** *I understand it is my obligation to inform Kenbrook of any and all health considerations or medical conditions that could affect my child's participation in any Kenbrook activities. I understand that Kenbrook may not have medical personnel available at the site of the activity. I hereby grant permission to Kenbrook and its personnel to authorize emergency medical treatment, if deemed necessary.*

6. **Certification.** I certify that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect. Intending to be legally and jointly and severally bound, I/we have signed below. The camper has signed below to join in this Release and Consent if the camper is eighteen or older. **I CERTIFY THAT IF MY CHILD HAS MORE THAN ONE PARENT OR LEGAL GUARDIAN, BOTH HAVE SIGNED BELOW.**

Name of child: \_\_\_\_\_  
Signature of child if 18 or older/ Date

Date: \_\_\_\_\_  
Signature of parent or guardian

Date: \_\_\_\_\_  
Signature of parent or guardian