

**Lutherhaven Ministries  
Camp Lutherhaven, Shoshone Mountain Retreat, & McPherson Meadows  
Program Participant Information & Release of Liability**



**Disclosure:** *Lutherhaven Ministries' programs at all of its sites include a variety of activities involving some degree of risk:*

- Group Activities that may expose participants to infectious diseases, including Covid-19
- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Horseback Riding\*
- Swimming
- River Floating
- Canoeing
- Boating
- Hiking
- Biking
- Active Games
- Rigorous Physical Activities
- Other Activities Not Included Here

There is no way to eliminate any potential risk of injury, disability, or even death associated with camp activities. The level of participation in any Lutherhaven Ministries program or activity is at all times completely up to the individual's choice. All Lutherhaven Ministries program elements are built and conducted to industry standards by professional staff utilizing appropriate equipment systems. However, each participant must assume the risk that he or she may suffer an emotional or physical injury, disability, or even death while involved in any physical activity.

Special infectious disease and Covid-19 statement: There is no way to eliminate any potential risk to infectious disease, including Covid-19. However, Lutherhaven carefully implements measures to help reduce possible exposure, pursuant to CDC and Panhandle Health guidelines.

**Complete this form entirely!** Certain health information must be known to the facilitator(s) conducting programs so they are prepared to respond appropriately if health or emergency needs arise. This information is held in confidence, but may be disclosed for the health or safety of you or others, or as required by law.

Name of Group: Idaho Youth Summit Date: June 14th-17th, 2022

1. Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Is there *any* activity you do not want your child/ward to engage in? If yes, please specify the activity and the reason why you do not want them to engage in it.  
\_\_\_\_\_
3. Do you have Health Insurance? \_\_\_\_No \_\_\_\_Yes If yes, name and address(es) of your insurance company, group number and policy number.  
\_\_\_\_\_
4. Have you ever tested positive or been diagnosed with Covid-19? \_\_\_\_No \_\_\_\_Yes If yes, please state when you had Covid-19 and the date of your last symptom:  
\_\_\_\_\_
5. Have you ever had Covid-19 symptoms or believed you were infected with Covid-19? \_\_\_\_No \_\_\_\_Yes If yes, please state the date you last had symptoms: \_\_\_\_\_
6. Have you ever been exposed to anyone with Covid-19? \_\_\_\_No \_\_\_\_Yes If yes, please state the last date of your exposure: \_\_\_\_\_
7. Do you have any physical disabilities or medical conditions (temporary or permanent) that may limit or jeopardize your participation in active programs? \_\_\_\_No \_\_\_\_Yes If yes, identify and explain: \_\_\_\_\_
8. Do you have any physical or medical conditions (temporary or permanent) that may put those around you at risk? \_\_\_\_No \_\_\_\_Yes If yes, identify and explain: \_\_\_\_\_

9. Are you currently taking any medication (prescribed or over-counter )? \_\_\_\_\_No \_\_\_\_\_Yes If yes, what and for what? \_\_\_\_\_  
\_\_\_\_\_
10. Do you have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? \_\_\_\_\_No \_\_\_\_\_Yes If yes, identify and explain: \_\_\_\_\_  
\_\_\_\_\_

**Release of Liability for claims not covered and paid by insurance:** I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I understand that attending Camp Lutherhaven and Shoshone Mountain Retreat may expose me to infectious disease, including Covid-19. I affirm that my or my child/ward's health is good, and that I am not or my child/ward is not under a physician's care for any undisclosed condition that may affect my or my child/ward's fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability, or death in physical activities, and understand that each participant assumes the risk of participating in these activities. On behalf of myself and my child/ward, I release Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members from all liability for any injury, infection or condition arising out of my or my child's/ward's participation in any Lutherhaven Ministries activity or program, or arising from my or my child's/ward's use of Lutherhaven Ministries' property, to the extent not covered and paid by insurance.

**Indemnification and Hold Harmless:** In consideration for letting me or my child/ward attend a Lutherhaven Ministries activity and/or use Lutherhaven Ministries premises, I further indemnify and hold harmless Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members against any and all claims or actions arising out of my or my child's/ward's access to Lutherhaven Ministries premises or involvement in any Lutherhaven Ministries activity to the extent that the claim or action is not covered and paid by Lutherhaven Ministries' liability insurance.

Date: \_\_\_\_\_ Applicant's Signature (If 18 years or older): \_\_\_\_\_

Parent's or Guardian's Signature (If participant is under 18 years old): \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photo Release:** Lutherhaven Ministries may use, reproduce, assign and/or distribute photographs or videos of myself and my child/ward for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs.

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