

REGISTRATION FOR SVBC LADIES CAMP 2021

Last Name	First Name		
Home Phone	E-mail address		
Address	City	State	Zip
Church I am attending with	Please indicate cabin partner preferences		

Lodging Preference:

() Lodge Room (Due to COVID-19, each room will be limited to 6-8 people. Each room contains its own bathroom with shower. Bedding, such as a sleeping bag and pillow, and towels are not provided.)

Do you need accommodations for a bottom bunk? (Please mark yes or no.) Yes No

Please list any food allergies or accommodations that we need to be aware of. _____

Please indicate if you plan to attend for Friday and Saturday or Saturday only.

Friday and Saturday (June 4 – 5, 2021) **Saturday Only (June 5, 2021)**

Cost for both days is \$40.00. Cost for Saturday only is \$20.00. Checks can be made out to Spring Valley Bible Camp or payment through Venmo @SpringValley1953. Please mail registration Spring Valley Bible Camp, 2858 180th Street, Muscatine, IA 52761. OR complete online registration by June 1st.

() *(Please check.) I release my photos and appropriate video to be used in brochures, on the camp website, or Facebook page as well as individual production for camp events. I understand that camp staff and volunteers will use good judgment in posting pictures on the website, keeping names and personal information private.*

() *(Please check.) To the best of my knowledge, I am in good health and have not been exposed to any infectious disease within the past three weeks. I give my permission for SVBC to secure any necessary medical treatment during the camp period. I also authorize any qualified physician to render treatment he or she deems necessary upon consultation with the camp director. I realize my insurance will be billed for any medical treatment as the primary coverage.*

() *(Please check.) I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that SVBC cannot guarantee that I will not become exposed to COVID-19 while attending activities at the camp. I understand that, by nature, some activities at camp will result in close contact. I am voluntarily participating in the activities offered by SBVC and acknowledge that I am increasing my risk of exposure to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending camp, including but not limited to mask wearing where recommended, hand washing, frequent sanitization & social distancing when possible.*

() *(Please check.) I hereby release and agree to hold SVBC harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and composition for damage or loss to myself and/or property that may be caused by any act, or failure to act of SVBC, or that may otherwise arise in anyway in connection with any services received from SVBC. I understand that this release discharges SVBC from any liability or claim that I, my heirs, or any personal representative may have against the camp with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from SVBC. This liability waiver and release extends to the camp and all directors and staff.*

Emergency Contact Name	Emergency Contact Phone Number
Your Printed Name	
Your signature	Date Signed