

# WOODLAWN DAY CAMP

## JULY 13, 2021

### @ CAMP HORIZON



Are you in need of a break in 2021? Camp Horizon is offering a place for you to come play and rest this summer.

The Horizon staff will lead us in an amazing day that includes your favorite camp activities, time in the pool, and a camp shirt.

At the end of the day, we invite parents to join us for a Woodlawn community picnic and closing program.

For children and youth grades 1-2021 graduates. Children and youth will be divided into grade-level groups.

Camp Day from 9:00am-7:00pm.

Picnic starts at 5:30pm. Closing program at 6:30pm.

Your cost will be \$35.

Register by June 1, with the form available at [www.woodlawnumc.net](http://www.woodlawnumc.net).

For more information contact Bryce ([brycef@woodlawnumc.net](mailto:brycef@woodlawnumc.net))

or Jenna ([jennar@woodlawnumc.net](mailto:jennar@woodlawnumc.net)).



# PROGRAM RELEASE FORM

ALL GUESTS AND ALL PARENTS OR GUARDIANS OF ANY GUEST WHO IS A CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING PROGRAM RELEASE FORM BEFORE GUEST OR BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM/ACTIVITY.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
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## Personal Information

Participant's Name:	_____				EMAIL:	_____		
Church:	_____							
Phone Number:	(Home): ( ) -		(Cell): ( ) -					
Address:	Street	City	State	Zip				

## Program or Event Information

I agree for myself or for my child to participate in any Program or Event sponsored by Camp Horizon both on site or off site. Programs include but are not limited to: hiking, mud pit, zip line, canoeing, archery, low & high ropes challenge course, rock climbing/rappelling, work projects, hay rack rides, mountain biking, gaga ball

### RELEASE/DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MAY BE SUSTAINED OR INCURRED, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY ACTIVITY, PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT CAMP HORIZON PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP HORIZON, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that Camp Horizon does not have on or about the premises, an employ or contract with any medical services, provisions for ordinary and/or emergency medical services.

In consideration of mine or my child's participation in and the use of Camp Horizon's facilities, I hereby release and covenant not to sue the institution, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to myself or my child while participating in any program or event sponsored by GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP HORIZON.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Participant's Name (print): \_\_\_\_\_ DATE: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/ Guardian Name (print): \_\_\_\_\_ DATE: \_\_\_\_\_

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

Camp Horizon  
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