



Consent Form for Activities

Camper's Name: _____

Parent/Guardian's Name: _____

I, as the parent or legal guardian of the above-named camper, hereby grant permission for my child to participate in the following activities organized by SEK Christian Therapeutic Intensives during the summer camp session:

- Archery
- Fishing
- Canoeing
- Swimming
- Water Basketball
- Water Volleyball
- Water Inflatables
- Volleyball
- Soccer
- Flag Football
- Ultimate Frisbee
- Softball
- Kickball
- Low Ropes
- Horseshoes
- Gaga Ball
- 9 Square in the Air
- Disc Golf
- Archery Tag
- Basketball
- Ping Pong
- Tailgating Games
- Equine therapy
- Yoga

I understand and acknowledge that these activities may involve inherent risks and hazards, which may include but are not limited to, physical exertion, contact with nature, and potential exposure to unpredictable or adverse conditions. I accept that there may be associated risks of injury, illness, or loss.

By signing below, I agree to the following:

I give permission for my child to participate in the activities listed above during the summer camp session.

I understand that it is my responsibility to ensure that my child is physically and medically fit to participate in these activities. I have provided all necessary medical information and disclosed any relevant medical conditions, allergies, or special needs related to my child's participation.

I acknowledge that SEK Christian Therapeutic Intensives and its staff will take reasonable precautions to ensure the safety and well-being of participants during the activities. However, I understand that accidents or injuries can occur despite such precautions.



I release and hold harmless SEK Christian Therapeutic Intensives, its directors, employees, volunteers, and agents from any and all claims, liabilities, or damages arising from or related to my child's participation in the specified activities, including any injury, illness, loss, or damage incurred during or as a result of participation.

In the event of an emergency or if my child requires medical attention, I authorize the camp staff to seek and provide necessary medical treatment, including hospitalization, surgery, or administration of medication.

I understand that photographs or videos may be taken during the activities for promotional or informational purposes, and I give permission for SEK Christian Therapeutic Intensives to use such materials in a responsible manner.

I have read and understood the contents of this Consent Form for Activities and agree to its terms and conditions.

Signed: _____

Printed Name: _____

Date: _____

Relationship to Child: _____