

Sonshine Specialized Camping Ministries, Inc.
SPECIAL PERMISSION FORM
(For disabled or uniquely challenged participants)

1. REQUEST FOR PERMISSION

I recognize that Sonshine Specialized Camping Ministries because of it's unique water involvement is not designed to accommodate and may not provide a safe experience for the disabled or partially disabled, and that the disabled person or partially disabled person would not normally be accepted.

While I (an adult) or my child has what might be considered a disability, I believe that the disability is such that it warrants special permission to attend Sonshine Specialized Camping Ministries. The following information is therefore offered to substantiate my request for such permission. (Please provide as complete information as possible)

NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NATURE OF DISABILITY: _____

SPECIAL RESTRICTIONS: _____

RECOMMENDATION OF DOCTOR: _____

DOCTOR'S NAME & ADDRESS _____

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED:

- a. I realize that Sonshine Specialized Camping Ministries is not generally available for use by the disabled, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am willing to assume said risks of injury to my person (or my child) and my property (or my child's) that may be sustained on the occasion of the camp experience I (or my child) shall attend.

3. RELEASE OF RESPONSIBILITY – INDIVIDUAL:

Except for willful misconduct or gross negligence of Sonshine Specialized Camping Ministries, its directors, officers, staff or any other person(s) connected therewith, I agree to indemnify and hold Sonshine Specialized Camping Ministries and each of

the foregoing persons connected therewith, harmless for injury or damage to my person or property.

Date_____ Signature_____

4. RELEASE OF RESPONSIBILITY – PARENTS

As parents and/or guardians of the individual named in this form (we) give permission for his/her attendance at Sonshine Specialized Camping Ministries on the dates specified herein. We hold harmless Sonshine Specialized Camping Ministries, it's directors, officers, staff, or any other person(s) connected therewith for injury or damage to the person or property of said individual.

Check one:

We have personally inspected the center, and recognize it is not designed for, nor intended to provide a camp experience for the disabled or partially disabled. We realize and assume the risks and dangers to said individual involved in participation in its camp activities.

Recognizing that the Conference Center is not designed for, nor intended to provide a camp experience for the disabled or partially disabled, we hereby decline our right to inspect the Conference Center.

Date_____ Signature of parent/guardian _____

Name of Church Attending _____

Conference Dates _____