



# IMPACT 2818: Outdoor Ministries

of the United Methodist Churches of Indiana



Complete forms may be mailed to:  
Impact 2818  
Attn: Camp Registration  
301 Pennsylvania Parkway, Suite 300  
Carmel, IN 46280

## Family Camp Registration Form

Or sign up online at [Impact2818.org](http://Impact2818.org) to receive confirmation right away!

### Family Information:

Your name: \_\_\_\_\_  
Your phone number: C H W (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Your email address: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Church name: \_\_\_\_\_  
Church city: \_\_\_\_\_  
How did you hear about camp? \_\_\_\_\_

- **Registration closes 1 week** before the start of an event. Registrations cannot be processed without payment.
- A parent or legal guardian **must** sign this form in order for the children/family to be registered.
- You should receive a confirmation letter and medical form via U.S. Mail within 2 weeks of our receipt of this completed registration form.
- An information sheet will be mailed to you in May.

### Event Information:

Event type: \_\_\_\_\_ (ex. Family, Mother/Child, etc.)  
Camp site: \_\_\_\_\_  
Start date: \_\_\_\_\_  
Please check your preferred housing type:  
 Private    Tent    RV    Community\* LW only  
Cost/person: \$ \_\_\_\_\_  
Are you using a scholarship?   Yes   No  
Scholarship amount? \_\_\_\_\_ (ex. 33%, \$50, etc.)  
Scholarship/iCash code: \_\_\_\_\_  
Total for family: \$ \_\_\_\_\_

### Payment Information:

To set up a payment plan, please complete the payment plan section on page 5.

\*must register at least 5 weeks before event begins

#### To pay in full now, fill out the following:

Check enclosed: # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Make checks payable to INUMC.

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa MasterCard Discover

Please charge \$ \_\_\_\_\_ to the card listed above.

Cardholder's signature: \_\_\_\_\_

### Camper #1 Information (YOU):

Name: \_\_\_\_\_  
Sex:   Female   Male  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Camper #2 Information:

Name: \_\_\_\_\_  
Sex:   Female   Male  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in fall 2022: \_\_\_\_\_

### Camper #3 Information:

Name: \_\_\_\_\_  
Sex:   Female   Male  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in fall 2022: \_\_\_\_\_

### Camper #4 Information:

Name: \_\_\_\_\_  
Sex:   Female   Male  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in fall 2022: \_\_\_\_\_

**The waiver on pages 2 and 3 must be complete for the family to be registered.**

## *Release of Liability, Waiver, Indemnification, Consent to Medical Attention, and Certification*

In exchange for good and valuable consideration, including but not limited to the Indiana Annual Conference of the United Methodist Church (“INUMC”) permitting me to participate in the following described activity: Impact 2818 camp or retreat programs, (the “Activity”), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by each of the following:

**REPRESENTATIONS AND ACKNOWLEDGEMENT OF RISKS.** I acknowledge and agree that (i) Notwithstanding the efforts of INUMC with respect to my safety, my participation in the Activity may cause or result in injury to my person and/or my property, and I, nevertheless, desire to participate in the Activity; (ii) I understand that the potential dangers, hazards and risks of the Activity include, but are not limited to, exposure to new environments, unpredictable weather conditions, inadequate or unavailable medical facilities or treatment, cuts, muscle sprains, ligament tears, bone breaks, and the possibility of permanent disability or death, **and further may include the risk of exposure to COVID-19 (novel coronavirus);** and (iii) My participation in the Activity is my voluntary act entered into solely for my enjoyment and benefit. There may be other risks of participation in the Activity, some of which may not be known or reasonably foreseeable at this time. I understand that this Release of Liability, Waiver, Indemnification, Consent, and Certification is intended to address all of the risks of any kind associated with my participation in any aspect of the Activity, including, particularly, such risks created by actions, inactions, or negligence on the part of INUMC or its trustees, officers, employees, agents, volunteers, representatives, successors, or assigns (collectively, INUMC’s “Representatives”), including, but not limited to, risks created by the following: (a) the risk of exposure to COVID-19 (novel coronavirus); (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and/or condition of premises on which various aspects of the Activity occur; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Activity; (f) the failure of INUMC or its Representatives to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons; (g) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (h) the lack or inadequacy of supervision by INUMC or its Representatives.

**ASSUMPTION OF RISK.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Activity, **including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus).** I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity, **including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus).**

**RELEASE AND WAIVER.** I release INUMC and its Representatives from any and all liability, and waive any and all claims, for injury, loss, or damage, including attorneys’ fees, in any way connected with my participation in the Activity, even if caused in whole or in part by the negligent acts or omissions or other misconduct of INUMC or any of its Representatives, including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus) (a “Claim”). This release does not apply to reckless or intentional misconduct of INUMC or any of its Representatives.

**INDEMNIFICATION.** I agree to indemnify and to hold harmless INUMC and its Representatives from any Claim or expense, including reasonable attorneys’ fees for the legal counsel of INUMC’s choice, in any way connected with a Claim. This includes, but is not limited to, the cost of defending any Claim that I, or any member of my family, might make, or that might be made on my behalf, or on behalf of any of my family members, that is released or waived by this instrument.

**BINDING EFFECT.** This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of INUMC and its Representatives.

**CONSENT TO MEDICAL TREATMENT.** I authorize INUMC and its Representatives to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Activity. This consent does not impose a duty upon INUMC or its Representatives to provide such assistance, transportation, or services.

**POLICIES, EXPOSURE NOTICE, AND CERTIFICATION.** I agree to abide by any policies and procedures established by INUMC for participation in the Activity, **including (but not limited to) policies and safety measures reflected in the attached Certification, which are intended to mitigate exposure to COVID-19 (novel coronavirus), and to notify INUMC immediately if I learn that I have, or may have been exposed to, or diagnosed with, COVID-19 (novel coronavirus), and I will immediately cease my participation in the Activity upon receiving such information.**

**SEVERABILITY.** If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

**APPLICABLE LAW.** Because the Activity is located in the State of Indiana, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.

I hereby give permission for my child to be treated by a physician selected by the camp **and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff.** I represent and warrant that I have listed on the medical form all of my child’s known allergies as well as medications my child is taking. **I understand that failing to disclose some medical conditions on the medical form that will follow this registration may result in an inability of the camps to serve my camper/family. I understand that in order to best care for my child, Impact 2818 reserves the right to decline attendance for my child if the Camp Manager believes the camp is not able to provide quality care for my camper regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of my child at camp and used for publicity purposes by Impact 2818.**

**THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, CONSENT, AND CERTIFICATION. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, CONSENT, AND CERTIFICATION VOLUNTARILY.**

\_\_\_\_\_  
Camper’s Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the person participating in the Activity is not yet 18 years old, one of his/her parents or legal guardians must sign:

**In exchange for my child or ward being allowed to participate in the Activity, and as the parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, Consent, and Certification. I further represent and agree that I am signing on behalf of, and as an agent for, any other individual who may be a parent or guardian of my child or ward, that I am fully authorized to do so, and that by executing this Release of Liability, Waiver, Indemnification, Consent, and Certification, I am binding myself, any other parent or guardian of my child or ward, and my child or ward.**

\_\_\_\_\_  
Printed Name (Parent or Legal Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INUMC / IMPACT 2818 – OUTDOOR MINISTRIES**  
**COVID-19 CERTIFICATION**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing the Release, Waiver, Indemnification, Consent, and Certification instrument to which this is attached, I certify that I understand and agree with the following:

1. The COVID-19 coronavirus is highly contagious.
2. It may be possible to be exposed to the virus by coming in contact with individuals who are infected and not yet showing symptoms.
3. There are health risks to my child, family, and the broader community which may result from my child's participation in the Activity (as defined in the Release, Waiver, Indemnification, Consent, and Certification), and I have decided that the benefits of participation outweigh those risks.
4. It is my responsibility to assess my child for symptoms of COVID-19 over the fourteen (14) day period before they are dropped off at camp. I will not allow my child to attend camp if they meet the CDC criteria for symptoms of COVID-19 as follows:

One or more of the following:

- Cough
- Shortness of breath
- Difficulty breathing

OR at least two (2) or more of the following symptoms:

- Chills
- Shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Fever of 100.4 or greater

5. If my child has been diagnosed with COVID-19 or has symptoms of COVID-19 I will not allow my child to attend INUMC's camp until all the following criteria have been met:
  - a. My child has had no fever for three (3) days (without the use of fever-reducing medication);
  - b. My child's symptoms have improved; and
  - c. Ten (10) days have passed since COVID-19 symptoms first appeared.
6. My child has not come into contact with anyone diagnosed with COVID-19 for the past 14 days.
7. My child will not be permitted to participate in the Activity until cleared pursuant to CDC guidelines and that if symptoms begin, the child will be separated from others and it will be my responsibility to make immediate arrangements to transport them home.

**Family Camp - Continued  
Registration Form**



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**Camper #5 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

**Camper #6 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

**Camper #7 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

**Camper #8 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

**Camper #9 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

**Camper #10 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

**Camper #11 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

**Camper #12 Information:**

Name: \_\_\_\_\_

Sex: Female Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2022: \_\_\_\_\_

\*This page is invalid unless it is accompanied by pages 1-3.

Questions? Go to [Impact2818.org](http://Impact2818.org) or call the registrar at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of the event will forfeit a \$35 fee/person. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's registration fee. Registrations may not be transferred from one camper to another.

**COVID-19 related cancellations will not be held to the cancellation policy above and are eligible for a full refund.**

See [Impact2818.org](http://Impact2818.org) for details.

Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

**Family Camp - Continued  
Registration Form**



**IMPACT 2818: Outdoor Ministries**  
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Family's name: \_\_\_\_\_

\_\_\_\_\_ Yes, I will be participating in the payment plan. My information is below.

\_\_\_\_\_ No, full payment is included on page 1.

**Payment Plan Information:**

**If you wish to make automatic payments, instead of paying in full, you must register at least 5 weeks before the event begins, and complete the form below. The initial deposit varies by event, and will be processed upon receipt of this form in order to activate the registration. If you have any questions, please call (888) 628-2818. If you wish to pay in full, please disregard this page, and see page 1 to pay in full.**

**Example, \$395 event:** If your event's final balance is due May 16, and your registration is entered on February 20, your initial deposit of \$100 will be processed on February 20th. Your after-deposit balance will be divided into two equal payments, occurring automatically on March 20 and April 20.

**Agreement:**

I give permission for Impact 2818 to debit the following card or bank account monthly until the event's final balance has been paid. I acknowledge that the initial payment will be processed upon receipt of this form, and future payments will occur beginning the following month.

Please select either a type of bank account or a credit card.

Bank Account

\_\_\_\_\_ Checking      Account #: \_\_\_\_\_

\_\_\_\_\_ Savings      Routing #: \_\_\_\_\_ (always 9 digits long)

Account holder's signature: \_\_\_\_\_

OR...

Credit Card

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa MasterCard Discover

Security code: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**If an automatic payment fails** you will be contact via email. You will have one (1) week to correct the error and make the payment. If the payment is not received within one week, the registration will be cancelled. Our standard cancellation policy will apply. You may login to your account at BeACamper.com 24/7 to correct a failed auto-payment, or give the Registration Team a call at (888) 628-2818 Monday - Friday from 8:30am - 4:30pm.

Questions? Go to [Impact2818.org](http://Impact2818.org) or call the registrar at (888) 628-2818. Fax (317) 735-4237

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