



2016 Family Camp Application

Mail applications to:
 Indian Trails Camp
 O-1859 Lake Michigan Dr NW
 Grand Rapids, MI 49534
 Or Fax to: 1 (616) 677-2955
 Email: info@indiantrailscamp.org

CONTACT INFORMATION

Contact Person Name: _____
 Address/City/State/Zip: _____
 Phone #: _____
 Email: _____

List all persons in the cabin, their role & age (if applicable):

Age range of family members: _____

IMPORTANT INFORMATION

- Important information to have a FUN FAMILY CAMP experience:
- Family Camp is from Saturday, May 21st through Sunday, May 22nd.
 - Check in on Saturday, May 21st between 10:30am-11:30am.
 - Check out on Sunday, May 22nd following lunch. All Campers must leave premises by 3:00pm.
 - Each family will be assigned one cabin with a minimum of 10 beds in each cabin.
 - Each person in a cabin is considered to be part of that family.
 - Each family will be responsible for providing supervision and support for their child(ren).
 - Each family is responsible for bringing their own bedding.
 - Each person will be served four meals during their stay.
 - Indian Trails Camp will provide certified facilitators and programming staff for all Camp programming and activities.
 - Contact us with any questions at (616) 677-5251 or info@indiantrailscamp.org
 - Cost is \$125 for up to 6 people and \$25 for each additional person (up to 10 people total).

Number of Meals:	Saturday	Lunch (12:30PM):	# needed _____
		Dinner (5:30PM):	# needed _____
	Sunday	Breakfast (8:30AM):	# needed _____
		Lunch (12:30PM):	# needed _____

Signature of Contact Person _____
Date



RELEASE AGREEMENT



I, _____, hereby affirm that I am a camper and that I am of lawful age and legally competent to sign this Release Agreement or that I am the parent or legal guardian of _____ who is a camper and that I am lawful age and legally competent to sign this Release Agreement.

I give permission for me or my minor child to attend ITC and participate in all phases of the activities, including swimming, boating, trips away from ITC, and camping overnight at the platform tent area. I am aware of the possible risk of injury or death to me or my child as a result of participation in the programs at ITC, and I acknowledge that by this Release Agreement neither ITC, nor its directors, instructors, agents or employees may be held liable for any injury to or death of, me or my minor child whether or not such injury or death result from the negligence of ITC or its directors, instructors, agents or employees. Wherefore, in consideration for ITC allowing me or my minor child to participate in its programs, I hereby agree to personally and fully assume all risks in connection with my or my minor child's participation in ITC programs, and I release and discharge ITC and its instructors, agents and employees from any and all claims or causes of action, whether present or future, whether known, anticipated, which may be brought by me, my minor child, my family, estate, heirs or assigns arising out of any occurrences in connection with my child's participation in ITC programs which may result in the injury or death of myself or my minor child, whether or not such an injury or death is caused by the negligence of ITC or its directors, instructors, agents or employees. Additionally, in case of any injury to me or my child, I give permission for ITC to secure medical and surgical treatment and provide routine, nonsurgical medical care for me or for my minor child, in my absence, while attending camp.

I give permission for me or my child to be photographed or videotaped in camp activities and allow ITC to use these photos in the camp calendar, the camp slideshow, and/or general promotional usage. It should be understood that any print utilized will be done so in a most respectful manner, and in no way shall be used to exploit an individual. I further state that I have signed this agreement voluntarily after fully informing myself of its contents.

Date

Adult Camper or Parent/Legal Guardian

