

**NATHAN SMITH MINISTRIES, INC.**  
**THE JOURNEY CAMP**  
**4001 Hanks Creek Lane Belmont, NC 28012**

MEDICAL RELEASE FORM

Name \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Male or Female (circle/highlight one)  
Address \_\_\_\_\_  
If under 18 years old, name of Parent or Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In the event that I am in need of medical treatment and am unable to consent to or arrange for such treatment, I appoint Nathan Smith Ministries, and the Journey Camp - along with the advisors, staff, employees, or contractors of Nathan Smith Ministries and the Journey Camp - to have the following powers:

- The power to seek appropriate medical treatment or attention on my behalf as may be required by the circumstances, including but not limited to: any x-ray examination, anesthetic, medical, surgical, or dental diagnosis; medical treatment and hospital care, to be rendered under the general or special supervision or advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician or dentist or at said hospital.
- The power to authorize said medical or dental treatment or procedure in an emergency situation.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered pursuant to this authorization. Should it become necessary that the undersigned return home due to medical reasons or a violation of any rules, policies or standards, the undersigned shall assume all transportation costs.

Permission is granted and rights waived to all pictures and other media that may be taken of me during camp for purposes of promoting Nathan Smith Ministries, or church related exhibitions and display and related uses.

The undersigned also recognizes that there may be some risks related to the events and activities at The Journey Camp. I acknowledge that I am aware of the possible risks, dangers, and hazards associated with participation in the activities, including the possible risk of severe or fatal injury. By signing this document, I hereby agree to assume and accept all risks arising out of, associated with, or relating to participating in the activities, and waive and release, for myself and my heirs, executors and assigns, any and all claims and rights for claims for damages or litigation that I may have against Nathan Smith Ministries, its advisors, staff, employees, contractors, officers or directors for any and all injuries or accidents, loss or damage that may befall me even though such injury, accident, loss, or damage may have been caused by the negligence of one of the aforementioned advisors, staff, employees, contractors, officers or directors of Nathan Smith Ministries.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18) Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Camp Location: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

## Staff Activity Selection Form

Please rank these activities on a scale of 1 - 5, 1 being you have little interest/experience in the activity, and 5 being you have the most interest/experience in the activity. This is just a guideline that we can use when assigning tasks to see where you might be the best fit. While we will try to match you up with an activity that you are interested in, you may be asked to lead an activity that you aren't super excited about. You probably won't be on that activity all day, every day, every week, so its all good! Use it as an opportunity to learn something new.

DJ in cafeteria during meals	1	2	3	4	5
Leading hikes to Tallulah Gorge (intense hike!)	1	2	3	4	5
Leading Lake Days (boats, skiis, tubes, etc.)	1	2	3	4	5
Running Slip-n-Slide at Waterfront	1	2	3	4	5
Lifeguard at Waterfront (need to be certified)	1	2	3	4	5
Art Room	1	2	3	4	5
Leading hikes to Little Falls	1	2	3	4	5
Run the merchandise table before Morning and Evening Worship	1	2	3	4	5
Leading breakout signups at breakfast (know the breakout topics and explain them to the campers)	1	2	3	4	5
Leading activity signups at lunch (know the activity options and explain them to the campers)	1	2	3	4	5
Leading Late Night Activities	1	2	3	4	5

# CONFIDENTIAL

## Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **The Journey Camp** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **The Journey Camp** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.