

Outdoor Education Permission Form

February 10-13, 2025 February 18-21, 2025

I give my permission for _____ to be involved in any of these activities, unless specified below. (Print Student's full name)

- ❖ As parent or legal guardian, I give permission for my student to attend camp and to participate in all activities unless otherwise specified. These activities may include one or all of the following: swimming, canoeing, nature hikes, horseback rides, go-cart rides, arts and crafts, swimming, sports, group games, Tower of Faith which includes: Zipline, Climbing wall, the Powerfan (rapidfall), or any other not mentioned camp activities. I give permission and accept understand the inherent risk of all activities, including the release of the Florida Conference and Camp management from liability in case of accident or illness. I do support, and my student agrees to abide by all activity rules, camp regulations and policies and I understand that there is a risk of serious injury or even death with any and all activities. If my student chooses not to abide by the camp rules and policies, they may be asked not to participate, or even be sent home with no refund. Also, I give permission for my student's picture/video, while participating in camp activities, to be used in brochures, publications, slides, website, and videos promoting Camp Kulaqua.
- ❖ Even though we are implementing increased sanitation measures & screening, the parent or legal guardian understands that Camp Kulaqua cannot control, manage, or eliminate contracting of COVID-19 virus. Students are attending camp at their own risk.
- ❖ **Horseback Riding:**
Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities. Rides are taken at your own risk, and shoes with a hard sole and that cover the entire foot are **required**.

Activities Restriction:

Because of health, religious, or personal reasons I do not wish for my student to participate in the following activities at Camp Kulaqua. _____

Camp Regulations and Policies

Camp Kulaqua is a Christian camp owned and operated by the Seventh-day Adventist Church for the purpose of providing a Christian atmosphere. Church membership is not required, but it is understood that those who attend will uphold the standards of the Seventh-day Adventist Church. As part of our policy we have set school and student policies to give boundaries and standards for students to follow. It is understood that when a student chooses not to abide by the camp policies, the school could be asked to follow up on disciplinary actions.

- ❖ **Camp policies include:**
 - Students are expected to obey camp rules, their teachers, sponsors and camp staff.
 - Students are to be on time and attend the scheduled activities and programs.
 - Students are to show respect to camp property, other students, teachers/sponsors and camp staff.
 - Students are to behave in a positive manner.
- ❖ **The following will not be allowed, and may result in the student being sent home:**
 - Violence towards teachers, sponsors, students or camp staff (verbal or physical)
 - Sexual misconduct including the entering opposite sex cabin
 - Possessing any tobacco product, alcoholic beverage, or narcotic/drugs
 - Possession of a weapon of any kind
 - Breaking the law as set forth by the state of Florida
 - Use of foul language or gestures
 - Repeated misbehavior or disobedience
- ❖ **Medical permission to treat:**
Although there is a camp nurse available, it is understood that my child's school is primarily responsible for the care of my child while at Camp Kulaqua and the camp nurse is available for consultation and basic first aid. Additionally, I hereby give Camp Kulaqua permission to provide routine health care, such as basic first aid and seek emergency treatment if needed. Any further recommendations for treatment should come from the student's school official rep.

I agree to the above stated conditions:

Signature of Parent/Legal Guardian (required) _____ Date _____