



Agreement, Authorization, and Release

Liability and Obligation Policies

I/We, the parent(s) or guardian(s) of _____, release and hold harmless Pyoca Camp and Retreat Center, the Presbytery of Whitewater Valley Inc., the Presbytery of Ohio Valley, and the Synod of Lincoln Trails, their agents, owners, officers, employees, volunteers, participants, and all other persons or entities acting on their behalf (hereinafter collectively referred to as Pyoca) of any and all liability for accidents or injuries sustained while in the care of the aforementioned organizations. I/we give my/our consent for my/our child to be transported on-site, and to and from any scheduled off-site programs. I/we agree that Pyoca may reproduce any photographs, slides, and videos taken of my/our child for publicity purposes. I/we understand that **Pyoca will not be responsible for any personal property brought to camp by participants.**

Assumption of Risk

I/We acknowledge that injuries or illness may occur while my/our child is participating in activities at Pyoca. I/We understand that the possibility of injury or illness cannot be totally eliminated without jeopardizing the essential qualities of Pyoca's camp experience. Injuries or illness may occur during Pyoca camp activities. By signing below, I/we confirm that my/our child is in good health and is physically able to participate in regular camp activities. I/We understand that if my/our child has any health issues or concerns, it is my/our duty to inform Pyoca in writing of said issues or concerns.

Non - Discrimination Policies

Pyoca prohibits discrimination in its programs on the basis of race, color, national origin, sex, age, disability, political beliefs, gender identity, sexual orientation, marital status, or financial status. This policy applies to all who participate in Pyoca activities. Anyone who participates in Pyoca activities, whether as staff, guest, parent, or student, agrees to abide by this policy.

Serious Misbehaviors

These include, but are not limited to: fights with intent to do bodily harm, hitting with an object or fists, threatening or harassing other campers, bullying, continual use of profanity or obscene language, inappropriate sexual activities, carrying a weapon, possession of tobacco products or e-cigarettes, possession of alcohol or drugs, or rejection of authority. These actions are considered harmful to other guests and Pyoca staff, and will not be tolerated. The parents of the child will be notified by the Executive Director or Program Director via telephone and asked to pick up the child as soon as possible.

Health Release Policies

To the best of my/our knowledge, the information provided on my/our child’s health is complete and accurate. I/we give permission to Pyoca and its trained staff to administer care for the treatment of minor injuries and illness within the limits of the staff members’ training and Pyoca’s Medical Protocols. In the event my/our child needs emergency medical care, an attempt will be made to contact me/us. In the event that I/we cannot be reached, my/our authorized signature(s) below allows Pyoca to act *in loco parentis*, securing prompt medical treatment. I/we give permission for my/our child to be transported by Pyoca staff or ambulance service to a local physician’s office, urgent care facility, emergency room, or hospital. I/We know that every reasonable and customary precaution will be taken to assure safety. Prior to the performance of any major surgery, except in the case of a clear emergency with life threatening potential for failure to act with dispatch, the medical opinions of two other licensed physicians who are experienced with the conditions diagnosed shall be first sought and they shall concur in the procedures proposed.

COVID-19 Release Policies

I understand that if my/our child has a fever of 100.4 degrees or greater in the two days prior to the retreat, has a sore throat, cough, new onset shortness of breath, digestive/abdominal issues, headache, or new loss of taste or smell, they will not be allowed to attend the retreat. Likewise, if my/our child has had contact with a person known to be infected with COVID-19 in the 14 days prior to the start of the retreat, they will not be allowed to attend.

I/We acknowledge that exposure to COVID-19 and the onset of COVID-19 illness may occur while my/our child is participating in activities at Pyoca. I understand that the possibility of COVID-19 exposure or illness cannot be totally eliminated. I release and hold harmless Pyoca of any and all liability related to COVID-19 exposure and illness.

I understand that if while at Pyoca my/our child develops a fever of 100.4 degrees or greater, is presenting with any of the above symptoms, or has had contact with a person known to be infected with COVID-19, they will be asked to isolate and depart as soon as possible.

I understand that Pyoca Camp and Retreat Center is adhering to current CDC guidance and that these protocols may or may not change prior to the retreat based upon the most up-to-date information provided by the CDC. Participants will be notified in writing of any changes made prior to the start of the retreat.

I/we have read and understood these policies and procedures, and by signing below so hereby acknowledge my/our agreement and compliance to the aforementioned.

Parent/Guardian

Signature: _____ **Date:** _____

Printed: _____