



EWALU CAMP & RETREAT CENTER VOLUNTEER / VISITOR WAIVER FORM

Please mail form to: Camp Ewalu, 37776 Alpha Ave.,
Strawberry Point, IA, 52076 or fax to 563-933-6022

Ewalu is an American Camp Association (ACA) accredited camp, committed to the protection of children and youth. Criminal background checks are mandatory standard of the accreditation, including, but not limited to, the screening of all individuals eighteen years of age or older who are camp staff, volunteers, and paid contractors with responsibility for, or access to, campers.

INFORMATION: * required

* Last Name: _____ * First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ * Phone: (____) _____

* E-mail: _____

Gender: Male Female Birth Date: _____

Group Name* (Optional): _____

If with a group, each person over age 18 must fill out a form.

REASON FOR VISIT (Optional):

Volunteering Recreation Other: _____

EMERGENCY CONTACTS / REFERENCES

Primary Contact:

Name(s): _____

Phone(s): (____) _____ Relationship: _____

Secondary Contact:

Name(s): _____

Phone(s): (____) _____ Relationship: _____

To the best of my knowledge, all personal and contact information for the person described herein is correct. I hereby acknowledge my voluntary participation in activities at Eastern Iowa Lutheran Bible Camp Association, Inc. DBA Camp Ewalu, including but not limited to: woodcutting, mushroom harvesting, hiking, bike riding, snowshoeing, cross country skiing, horseback riding and other activities, except as noted here _____ and agree that the camp, its staff, and the horses' owners will not be held responsible for any accidents or personal injury arising therefrom. I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary for the named above. In the event of an accident, injury, or illness, the insurance of the participant named above is primary (for minors under 18, parent(s) or guardian's insurance is primary). I also grant permission for pictures or video taken of me to be used in publications and promotional materials. I agree that the camp or its staff will not be held responsible for lost or damaged personal property.

Signature of Volunteer/Visitor

Date

Signature of Camp Ewalu Staff

Date