



Shekinah Ranch Camp – 2025 “Trail of Grace” Scholarship Overnight Camp Application

** For First-Time Campers and Washington County Residents Only*

Please mail or email application AND include the following:

- Proof of residency (i.e. copy of utility bill or current license)
- Copy of most recent tax report (i.e. Form 1040 from 2024 or 2023)
- Copy of the last three paycheck stubs of all working persons in the household

These documents and application should be sent to: **77 Chestnut Road / Charleroi, PA / 15022**

OR emailed/scanned to admin@shekinahranch.camp

Camp Session Selection – Please Check One:

STAMPEDE 1

- ☐ June 15–20 (Co-Ed) — Ages 8–11
 - ☐ June 22–27 (Co-Ed) — Ages 11–16
 - ☐ June 29 – July 2 (Co-Ed) — Ages 10–16
Adventure Camp (Mini Week)
-

STAMPEDE 2

- ☐ July 6–11 (All Girl) — Ages 8–11
 - ☐ July 13–18 (All Girl) — Ages 11–16
 - ☐ July 20–25 (All Girl) — Ages 8–11
 - ☐ July 27 – August 1 (Co-Ed) — Ages 10–16
Adventure Camp
-

Camper Information

- Full Name: _____
- Age (as of Jun 16, 2025): _____
- Grade Entering (2025–2026 School Year): _____
- Date of Birth: ____ / ____ / ____
- Gender: ☐ Male ☐ Female
- Camper Home Address: _____



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Primary Guardian Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Home Phone:** (____) _____ – _____
- **Cell Phone:** (____) _____ – _____
- **Work Phone:** (____) _____ – _____
- **Email Address (Primary):** _____
- **Email Address (Secondary):** _____
- **Home Address:** ☐ Same as Camper ☐ Different:
If different, provide address:



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Emergency Contact Information

(Please list up to 4 emergency contacts other than the primary guardian)

1. Name: _____

- Relationship to Camper: _____
- Address: _____
- Phone 1: (____) _____ – _____
- Phone 2: (____) _____ – _____

2. Name: _____

- Relationship to Camper: _____
- Address: _____
- Phone 1: (____) _____ – _____
- Phone 2: (____) _____ – _____

3. Name: _____

- Relationship to Camper: _____
- Address: _____
- Phone 1: (____) _____ – _____
- Phone 2: (____) _____ – _____



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Emergency Contact Information (cont'd)

4. Name: _____

- Relationship to Camper: _____
- Address: _____
- Phone 1: (____) _____ – _____
- Phone 2: (____) _____ – _____

Authorized Pick-Up List

(List up to 6 individuals who are authorized to pick up your camper)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Bunk Request: Select an option if you have a preference

- ☐ Top bunk
- ☐ Bottom bunk
- ☐ Loft
- ☐ No preference



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Cabin-Mate Request: Please list the first AND last names of all campers you wish to bunk with. (Please note: Shekinah will do our best to accommodate, but no requests are guaranteed.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Please choose ALL that apply to describe your camper's swimming abilities

PLEASE NOTE: If your child cannot swim without a flotation device, he/she will be required to bring their own life vest to camp. (Inner tubes and the like are NOT acceptable.)

- ☐ Can swim in the deep end
- ☐ Can put head under water
- ☐ Can swim where camper cannot touch
- ☐ Can tread water for 30 seconds
- ☐ Can swim full length of a standard pool (15 yards)
- ☐ Comfortable submerging head underwater
- ☐ Can only swim where camper can touch
- ☐ Unable/uncomfortable putting head under water
- ☐ Can swim WITHOUT a flotation device
- ☐ CANNOT swim without a flotation device

Child Lives With:

- ☐ Parents
- ☐ Mother
- ☐ Father
- ☐ Grandparent(s)
- ☐ Foster Parent
- ☐ Legal Guardian



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Church Affiliation: _____

How did you hear about Shekinah? _____

Camper T-shirt Size

- ☐ YS
- ☐ YM
- ☐ YL
- ☐ YXL
- ☐ AS
- ☐ AM
- ☐ AL
- ☐ AXL
- ☐ AXXL
- ☐ AXXXL

Health History

Allergies:

This camper is allergic to:

- ☐ Food
- ☐ Medicine
- ☐ Drugs
- ☐ The environment (insect; stings; hay fever etc.)
- ☐ Other

Please describe below what the camper is allergic to and the reaction seen:



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Diet, Nutrition:

- ☐ This camper eats a regular diet
 - ☐ This camper eats a vegetarian diet
 - ☐ This camper is lactose intolerant.
 - ☐ This camper is gluten intolerant.
 - ☐ This camper eats a dye-free diet.
 - ☐ Please describe below: _____
-

Medical Insurance Information:

Please make a photocopy of the front and back of your camper's health insurance card and send it, along with the completed Physician Signature form, to the camp office by June 1.

admin@shekinahcamp.org

This camper is covered by family medical/hospital insurance

- ☐ Yes
- ☐ No

Insurance Company: _____

Policy Number: _____

Subscriber Name: _____

Insurance Company Phone Number: _____

This Camper's insurance is OUT OF STATE (non-PA) medicaid.

- ☐ Yes
- ☐ No



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Medication:

- ☐ This camper will not take any daily medications while attending camp
- ☐ This camper will take the following daily medication(s) while at camp

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their original pharmacy containers with labels that show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Health-Care Providers:

Name of camper's primary doctor(s): _____

Phone: _____

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Please check the medication(s) the camper should **NOT** be given.

- ☐ Acetaminophen (Tylenol)
- ☐ Phenylephrine decongestant (Sudafed PE)
- ☐ Antihistamine/allergy medicine
- ☐ Diphenhydramine antihistamine/allergy medicine (Benadryl)
- ☐ Sore throat spray
- ☐ Lice shampoo or cream (Nix or Elimite)
- ☐ Calamine lotion
- ☐ Ibuprofen (Advil; Motrin)
- ☐ Dextromethorphan cough syrup (Robitussin DM)
- ☐ Generic cough drops
- ☐ Antibiotic cream
- ☐ Aloe
- ☐ Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol)



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General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

Ever been hospitalized

- ☐ Yes
☐ No

Ever had surgery

- ☐ Yes
☐ No

Have recurrent/chronic illnesses

- ☐ Yes
☐ No

Had a recent injury

- ☐ Yes
☐ No

Had asthma/wheezing/shortness of breath

- ☐ Yes
☐ No

Have diabetes

- ☐ Yes
☐ No

Had seizures

- ☐ Yes
☐ No

Had headaches

- ☐ Yes
☐ No

Wear glasses, contacts, or protective eyewear

- ☐ Yes
☐ No

Had fainting or dizziness

- ☐ Yes
☐ No



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Passed out/had chest pain during exercise

- ☐ Yes
☐ No

Had mononucleosis ("mono") during the past 12 months

- ☐ Yes
☐ No

If female, have problems with periods/menstruation

- ☐ Yes
☐ No

Have problems with falling asleep/sleepwalking

- ☐ Yes
☐ No

Ever had back/joint problems

- ☐ Yes
☐ No

Have a history of bedwetting

- ☐ Yes
☐ No

Have problems with diarrhea/constipation

- ☐ Yes
☐ No

Have any skin problems

- ☐ Yes
☐ No

Traveled outside the country in the past 9 months

- ☐ Yes
☐ No



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Please explain “Yes” answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel:

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)

☐ Yes

☐ No

Ever been treated for emotional or behavioral difficulties or an eating disorder

☐ Yes

☐ No

During the past 12 months, seen a professional to address mental/emotional health concerns

☐ Yes

☐ No

Had a significant life event that continues to affect the camper's life (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

☐ Yes

☐ No

Please explain “Yes” answers in the space below, noting the number of the questions. The camp may contact you for additional information.



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Restrictions:

- ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions
- ☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
- ☐ Please describe below: _____

Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. _____

Camper Agreement

- ☐ I understand and agree to abide by any restrictions placed on my activity at camp.

Camper Name (Print): _____

Camper Signature: _____



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Permission to Treat Authorization

I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes. If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

- ☐ In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Primary Guardian Signature:

Primary Guardian Full Name (Print:



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MEDICATIONS

- ☐ Yes, My Camper has medications.
- ☐ No, My Camper does NOT take any medications.
- ☐ I do not wish to record medications at this time.

Medication Name: _____

Prescribed Medication

- ☐ Yes
- ☐ No

Schedule/Dosage 1:	Schedule/Dosage 2:	Schedule/Dosage 3:	Schedule/Dosage 4:
- Enter Dosage -	- Enter Dosage -	- Enter Dosage -	- Enter Dosage -

Medication Name: _____

Prescribed Medication

- ☐ Yes
- ☐ No

Schedule/Dosage 1:	Schedule/Dosage 2:	Schedule/Dosage 3:	Schedule/Dosage 4:
- Enter Dosage -	- Enter Dosage -	- Enter Dosage -	- Enter Dosage -



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Medication Name: _____

Prescribed Medication

- ☐ Yes
☐ No

Schedule/Dosage 1:	Schedule/Dosage 2:	Schedule/Dosage 3:	Schedule/Dosage 4:
- Enter Dosage -	- Enter Dosage -	- Enter Dosage -	- Enter Dosage -

Medication Name: _____

Prescribed Medication

- ☐ Yes
☐ No

Schedule/Dosage 1:	Schedule/Dosage 2:	Schedule/Dosage 3:	Schedule/Dosage 4:
- Enter Dosage -	- Enter Dosage -	- Enter Dosage -	- Enter Dosage -



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Medication Name: _____

Prescribed Medication

☐ Yes

☐ No

Schedule/Dosage 1:	Schedule/Dosage 2:	Schedule/Dosage 3:	Schedule/Dosage 4:
- Enter Dosage -	- Enter Dosage -	- Enter Dosage -	- Enter Dosage -



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CAMPER/ GUARDIAN AGREEMENTS

CANCELLATION/DISMISSAL POLICY & CONDITIONS OF ENROLLMENT: Changes to Registration- If you wish to transfer your camper's registered week/day to another camp week, Shekinah Ranch will accommodate this at no additional charge if the transfer request is placed 14 DAYS OR MORE before the original camp start date (subject to availability). After this period, a \$10.00 fee is assessed for a changed week. Cancellation- For all Day Camp registrations, there is a \$60.00 non-refundable processing fee. For all Overnight/Discipleship Camp registrations there is a \$90.00 non-refundable processing fee. All cancellations that occur 30 DAYS or less from the camper's start date will NOT be eligible for any refund. Extenuating circumstances may qualify for a registration transfer. Call the camp office for details: 724-483-4343. Shekinah Ranch reserves the right to dismiss any camper for behavioral problems at the discretion of the Camp Director. No refund of tuition or canteen funds will be made for dismissal due to disciplinary action, late arrival, or early departure. The Camp Director reserves the right to dismiss a Camper who, in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the ranch. The parent(s) guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the ranch, including a photocopy of the section of a court order referring to visitation rights. The parents/guardians hereby agree to reimburse the Ranch for any damage caused by the Rancher.

- ☐ By signing this waiver, I am acknowledging that BOTH parents/guardians have read all sections of this application form, and both hereby accept the conditions of enrollment.
- ☐ By signing this waiver I am acknowledging that BOTH parents/guardians have read all sections of this application form and both hereby accept the conditions of enrollment.

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY:

Shekinah Ranch hereinafter referred to as the "Camp" requires a signature from the PRIMARY GUARDIAN for all attendees of the Camp and all participants of any camp activity including, but not limited to, Horseback Riding, Swimming Pool, Camping, Climbing Wall, Zipline, Mini-Golf, Fishing, Crafts, Basketball, Football, Volleyball, Campfires, Water and Field Recreation Games, Hiking, Square Dancing, Challenge-Course, Playground and any and all other camp and recreational sports and activities. Furthermore, this form releases the Camp to photograph and/or record and use photographs/videos of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity. Attendance and Activities at Camp may include Adventure



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Trips such as caving, canoeing, high ropes, biking and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level IS AT ALL TIMES ARE COMPLETELY UP TO THE INDIVIDUAL'S CHOICE and with attendance at the Camp and participation in any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. I agree to assume such risk and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Shekinah Ranch from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any or all Camp activities." If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of Shekinah Ranch reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Shekinah Ranch programs.

- ☐ By signing this waiver, I am acknowledging that BOTH parents/guardians have read all sections of this application form and both hereby understand the information contained herein. Both parents/guardians have freely and voluntarily signed this document.



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CAMP CANTEEN (STORE) POLICY: Funds credited to your child's Canteen account will be used for snacks and/or merchandise at the Shekinah Canteen during their camp week. Campers can visit the Canteen 1-2 times a day. Snacks cost between \$0.25 to \$1.50, and merchandise ranges from \$1.00 to \$50.00. Any unspent funds at the end of the week will be considered a donation to Shekinah Ranch/Mission and are non-refundable. This donation is not tax-deductible. If your child attends consecutive weeks of camp, their remaining funds will roll over to the next week. If your child is not returning to camp, the funds will be allocated to either missionary support or off-season horse care. By agreeing, you understand and accept these terms, and you will specify how any remaining funds should be used (if applicable).

- ☐ Yes I agree. Please allocate any remaining funds to MISSIONARY SUPPORT
- ☐ Yes I agree. Please allocate any remaining funds to HORSE CARE.

PERMISSION TO PROVIDE MEDICAL TREATMENT: I, the undersigned legal guardian give my permission to Shekinah Ranch staff to provide medical treatment and order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached during an emergency, I hereby give permission to a nurse or designated staff member to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child. I also give permission for the camp nurse or designated staff member to administer medication to my child as needed and directed. I understand that my child must have adequate medical coverage to attend camp.

- ☐ By signing this waiver, I am acknowledging that BOTH parents/guardians have read all sections of this application form and both hereby accept the conditions of enrollment and confirm the above health information as correct and up to date.



Shekinah Ranch Camp – 2025 “Trail of Grace” Scholarship Overnight Camp Application

** For First-Time Campers and Washington County Residents Only*

Please mail or email application AND include the following:

- Proof of residency (i.e. copy of utility bill or current license)
- Copy of most recent tax report (i.e. Form 1040 from 2024 or 2023)
- Copy of the last three paycheck stubs of all working persons in the household

These documents and application should be sent to: **77 Chestnut Road / Charleroi, PA / 15022**

OR emailed/scanned to admin@shekinahranch.camp

GENERAL RELEASE OF BELIEFS AND PRACTICES: Shekinah Ranch of the Mon Valley, hereinafter “The Ranch” in favor of extinguishing all rights and claims by the signing parties against “The Ranch”, as hereinafter enumerated. NOW, THEREFORE, with the intent to be legally bound and in consideration of the mutual promises made by the parties, they agree as follows:

1. I agree to enroll my child in one of the summer programs at The Ranch being fully aware that The Ranch is a Christian Camp Ministry that utilizes horses, recreational, physical and spiritual activities for the purpose of connecting each person to God who offers them hope and vision for their future. The Ranch welcomes children and youth of any faith and race.

2. The Ranch believes that God’s Word is the Christian faith’s highest authority and thus the Christian faith’s guiding principles and doctrine.

3. Children and youth attending The Ranch will be taught that any conduct that violates God’s law contained in scripture is sin, including any sexual activity outside of marriage and including homosexual behavior and/or contradictory biblical behaviors.

- ☐ By this General Release, the signer of this release for him/herself, heirs, executors and assigns, release and forever discharge The Ranch, their divisions, subsidiaries, other affiliates, officers, agents, representatives, successors, assigns and employees from any and all claims, demands, damages, actions, suits, attorney fees and costs, obligations or liabilities of any kind, known or unknown, before or including the date of this Agreement, relating to any and all losses, injuries and damages incurred by the camper of the signer of this release, which could be complained of under the Federal Civil Rights Acts of 1964 as amended or under any other federal, state or local statute, ordinance, order or common law. The signer below also understands and agrees that The Ranch upholds the right to dismiss any camper who continues to openly display contradictory biblical behaviors, related to the above content, or any such behaviors deemed inappropriate/harmful to the camper’s self or peers. IN WITNESS WHEREOF, intending to be legally bound hereby, the undersigned have set their hands and seals on the day and year first above written.
- ☐ I acknowledge that Shekinah Ranch upholds Christian teachings based on the authority of God’s Word. I am aware that the camp will teach that conduct violating biblical principles, including sexual activity outside of marriage and homosexual behavior, is considered sinful according to Christian doctrine, and I am willfully enrolling my child to be taught and immersed in said teachings.



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PHOTOGRAPHY/VIDEOGRAPHY RELEASE: I grant permission to Shekinah Ranch Camp, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Shekinah Ranch Camp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Shekinah Ranch Camp or the Christian Camp Conference Association. I hereby release Shekinah Ranch Camp and the Christian Camp Conference Association and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

- ☐ YES, I grant permission to Shekinah Ranch Camp the irrevocable and unrestricted right to produce photographs and video taken of my child or myself or members of my family while at Shekinah Ranch Camp for any lawful purpose including publication or promotion or illustration or advertising or trade or historical archive in any manner or in any medium by Shekinah Ranch Camp or the Christian Camp Conference Association.
- ☐ NO, I do not grant Shekinah Ranch Camp the right to produce photographs or video taken of my child or myself or members of the my family while at Shekinah Ranch Camp

TRANSPORTATION WAIVER (Only Applies to Teen Discipleship participants): In regards to transportation services, you will be expressly assuming the risk and legal liability, waiving and releasing all claims for injuries, damages or loss which your child might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle. I recognize and acknowledge that Shekinah Ranch Camp is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my child may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services. This includes but is not limited to, injuries and/or damages, and relinquishes all claims I may have (or accrue to my child) against Shekinah Western Ranch Camp, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as "Party"). I recognize that whilst my teen/child is a camper at Shekinah Ranch Camp, he/she may be transported off Shekinah Ranch Camp property to attend youth group and/or church service at Journey by Grace Church. I also recognize that other extenuating circumstances may require my child/teen to be transported to another location by a Shekinah Ranch Camp licensed and of age employee. I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that my child may have or which may accrue to my child and arising out of, connected with, or in any way associated with said transportation services.



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I further agree that this agreement shall be governed by the laws of the State of Pennsylvania. By answering "YES" below, you are acknowledging that BOTH parents/guardians have read and fully understand the above waiver and release of all claims.

- ☐ YES, I agree to my camper being transported by a Shekinah Ranch Camp staff and/or volunteer for camp activities and/or youth group at Journey By Grace Church.

CAMPER NO CELL PHONE POLICY: Our "No Cell Phone Policy" Mission- Being a summer camp, it's our job to help kids connect with God, nature and each other. We want to build lasting skills and forge lifelong memories. This IS doable even if they aren't saved on Instagram. As part of that initiative, we do not allow campers to bring phones, ipods, laptops, tablets, iPads, apple/android watches and other electronics to camp. We strongly believe this enhances the Shekinah Ranch Camp experience and will provide a stronger community and a needed break from the devices that we all rely on so heavily each day. We do not encourage parents to visit as it can be an interruption to camper's experience at camp. Similarly, phone calls are a disruption to the campers' activities. For that reason, we do not allow campers to call parents or for camp parents to call campers during their stay at Shekinah Ranch Camp. Of course, should there be a family emergency in which a guardian needs to get a hold of a camper or an emergency at camp in which Shekinah Ranch needs to reach a parent/guardian, calls will be permitted to our camp office: 724-483-4343 By signing this form, I acknowledge that Shekinah Ranch Camp upholds a zero-tolerance cell phone policy and reserves the right to remove a cell phone from a camper, should it still be brought/found at camp. Additionally, I acknowledge that there will not be communication permitted with my camper from the camp office phone, outside of emergencies or camp office business.

- ☐ By signing this waiver, I acknowledge that Shekinah Ranch Camp has a zero-tolerance cell phone policy and may confiscate any phone brought to camp. I also understand that communication with my camper will be limited to emergencies or camp-related matters.



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VIDEO SURVEILLANCE ACKNOWLEDGEMENT AND AGREEMENT:

To ensure the safety and security of all campers, staff, and visitors, Shekinah Ranch Camp utilizes video surveillance in various locations throughout the campgrounds. These cameras help us monitor activities, enhance security, and maintain a safe environment for everyone. Please note: Surveillance is for security purposes only and is not actively monitored at all times. Video footage may be reviewed by authorized personnel as needed. Cameras are placed in public areas only; no surveillance is conducted in private spaces such as restrooms or changing areas. By signing below, you acknowledge that you have read, understand and consent to the use of security cameras in public areas of the Shekinah Ranch Campgrounds.

- ☐ YES, I acknowledge that I have read understand and consent to the use of security cameras in public areas of the Shekinah Ranch Campgrounds.

SHEKINAH YOUTH RANCH OF THE MON VALLEY WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (COVID-19)

IN CONSIDERATION for being permitted to utilize the services, and programs of Shekinah Youth Ranch of the Mon Valley for the employee listed above to so participate for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any on-site program affiliated with Shekinah Ranch Camp. The undersigned, on behalf of himself or herself hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in the state of Pennsylvania, the physical location of Shekinah Ranch Camp. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Pennsylvania Department of Health (POH), for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that the undersigned shall not visit or utilize the facilities, services, and programs of Shekinah Ranch within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list and the countries listed.

The undersigned agrees to check the CDC Travel Health Notices list prior to utilizing the facilities, services, and programs of Shekinah Ranch Camp, on a daily basis if necessary. The undersigned hereby



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agrees, represents, and warrants that the undersigned shall not visit or utilize the facilities, services, and programs of Shekinah Ranch Camp if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Shekinah Ranch Camp immediately if he or she believes that any of the foregoing access/use restrictions may apply.

Shekinah Ranch Camp has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that Shekinah Ranch Camp may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with Shekinah Ranch Camp's procedures prior to utilizing the facilities, services, and programs of Shekinah Ranch Camp. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by Shekinah Ranch Camp, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of Shekinah Ranch Camp, and acknowledges that use thereof by the undersigned may, despite Shekinah Ranch Camp's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER SHEKINAH RANCH CAMP FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE PROGRAM AFFILIATED WITH SHEKINAH RANCH CAMP, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED, ON HIS OR HER BEHALF, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Shekinah Ranch Camp, its directors, officers, pier employees, volunteers and agents from all liability to the undersigned for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of the undersigned (or any person who may contract COVID-19, directly or indirectly, from the undersigned) whether caused by the negligence, active or passive, of Shekinah Ranch Camp or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Shekinah Ranch Camp. The undersigned expressly and knowingly waives all rights under Pennsylvania a Civil Code, which provides: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."



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THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS Shekinah Ranch Camp, its directors, officers, employees, volunteers, and agents, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Shekinah Ranch Camp. The undersigned understands and agrees that Shekinah Ranch Camp is not required to provide insurance to cover the undersigned in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Shekinah Ranch Camp. The undersigned agrees and acknowledges that use of Shekinah Ranch Camp facilities and services, and participation in Shekinah Ranch Camp programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned while in, about or upon the premises of Shekinah Ranch Camp and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Shekinah Ranch Camp. The undersigned acknowledges that any illness or injuries that the undersigned sustains may be compounded by negligent first aid or emergency response of the Releases and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Pennsylvania, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM

GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM SHEKINAH RANCH CAMP IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY SHEKINAH RANCH CAMP FACILITIES OR PROGRAMS AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.



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I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Primary Guardian Name: _____

Primary Guardian Signature: _____

Date: _____