

CONFIRMATION PACKET 2024



Pine Springs Camp

Leading the Thirsty to Streams of Living Water



SUMMER
2024



Providing Vital Encounters
with Christ since 1948

www.PinesSprings.org



Welcome from the Executive Director, Greg Davis

I never get tired of hearing the phrase - "**Welcome to Camp!**" - on the opening day of each week of summer camp. I bet our campers would say the same thing! It is a joy to hear campers describe the special feeling they get when they turn onto Pine Springs Camp Road in anticipation of the welcome they will receive when camp comes into view. We want Pine Springs Camp to be an extraordinary place where campers feel welcomed, safe and most importantly, secure in their relationship with God.

I never get tired of hearing it and I also never get tired of saying it - "**Welcome to Camp!**" *It is a joy to welcome our camp families and a privilege to be entrusted with your children. We look forward to giving every camper an opportunity to encounter Christ in a vital, life-changing way.*

Each summer every camper joins a faith community that is dedicated to offering a unique **P.S.C** experience, which will hopefully make a lasting impact in their lives.

P- Playful Experiences - The mainstay of our fun-filled program that encourages engaging God in a meaningful way in His beautiful creation

S - Spiritually Enriching Environment - Learning God's Word is foundational and a daily priority

C - Community of Faithful Believers - Every staff member is dedicated to reflecting Christ to each and every camper

So thank you for being a part of our Pine Springs Camp family. I can't wait for you to hear "**Welcome to Camp!**" this summer. *Please feel free to contact us with questions or for more information- we would love to hear from you!*

Blessings,
Greg Davis

Welcome from the Summer Camp Director, Mike Hurley

If you are receiving this confirmation packet you have registered yourself or your child(ren) for our 76th summer of ministry. As I look back on my own 16 years here at Pine Springs Camp, I am thankful to our campers who love this place and continue to want to spend part of their summer here. I am also so thankful for YOU, the parents, who continually commit your financial resources to make a week of camp possible for your children. Pine Springs Camp is the ministry it has been for the past 75 years because of parents like you, that commit each and every summer to sending their kids to be a part of our program. We value the trust that you place in Pine Springs and we make your children's health and safety our utmost priority. So, from the bottom of my heart, I want to say thank you to the parents of our PSC family!



As we embark on another summer, I want you to know that in addition to your children's health and safety being a priority, Pine Springs Camp continues to be a place where campers have a vital encounter with Jesus Christ. As a parent of three PSC campers myself, it is such a blessing to know that there are places that my children are going to hear the Good News of Christ and how to apply it to their lives. We need more places like that and Pine Springs Camp is committed to being that special place for your children and your family.

In Christ,
Mike Hurley



Welcome from our Food Service Director - Ellie Davis

We are looking forward to another loud, joy-filled summer in the Refuge Dining Hall! We can't wait to see hundreds of hungry campers and counselors streaming through the front doors to loud music and laughter.

Our goal is to provide kid-friendly meals that are varied and delicious. We offer a breakfast bar and salad bar to maximize choice and ensure fresh fruits and vegetable are available. We also love planning special theme meals, buffets, picnics and the occasional "breakfast in bed."

We can accommodate most food allergies and special diets— just please give us all of the necessary information on the Food Allergy and Intolerance Form. We also adhere to the highest levels of Food Safety protocols and we train our staff in ServSafe procedures. We have had a lot of practice implementing exceptional cleaning and sanitization and plan on continuing these practices to ensure a safe and healthy dining environment for our campers.

If you have any questions or concerns related to our food service, please contact me at ellie@pinesprings.org.

Welcome from our Director of Facility Operations & Adventure Director - Justin Shaffer

Summer is fast approaching, and we are all so excited to welcome you back to camp! Once the weather warms up and the days get longer, I will be turning my attention from plowing snow to preparing our property for summer camp. And what a beautiful property it is! I am looking forward to the sights and sounds of campers enjoying the high ropes course, RC trucks, archery and all of our other amazing adventure activities! We can't wait to see you!



Welcome from our Registrar - Luke McNall

Hello Friends!! We are excited to welcome your camper to Pine Springs Camp and we can assure you that, as we always have, we will strive to keep everyone safe! We understand that there is a certain amount of nervousness when sending your children off to camp, but we also know that camp remains such a great place for children to be in community with their peers, playing, and learning about God's love. We welcome your questions and will happily answer them or find an answer to address your concern. As always, our goal is to make the process as easy as possible for you. Feel free to reach out as often as you need by emailing me at info@pinesprings.org or calling the office at 814-629-9834!

Medical/Nurse Information

A very important part of our ministry is caring for campers who have various medical needs. Our desire is for each camper to experience a safe, fun, and caring environment. This occurs many times through their interaction with our nurses. We take very seriously the task of providing quality care for your child. Therefore, it is mandatory that you complete the Medical Form and extremely important that you complete the Counselor Communication Form which is read over by both of your child's counselors. Both forms provide information which will help us best serve your child. An RN or medical doctor will be on camp property throughout the summer providing 24-hour care.

Getting Ready for Camp!!!

GET SET

Send in all required forms - Please send in all forms at least 2 weeks prior to camp.

Alert camp office of any special food requirements - You can inform us of any food allergies or dietary needs by completing the Food Allergy and Intolerances Form and the Counselor Communication Form. Please feel free to call or email the office (814-629-9834/ellie@pinesprings.org) and talk to Ellie Davis, our Food Service Coordinator, if you have any questions or comments regarding your campers food requirements. We will make sure that your child is kept away from foods they are allergic to, and we will accommodate dietary needs to the best of our ability. We also encourage parents to send supplemental food for those campers who are on special diets to supplement camp offerings.

Label ALL gear - Make sure that your child's clothes, items and medications are labeled. Also make sure that your child knows exactly what they are bringing so that they can make sure they have packed ALL their items at the end of the week.

Arrange travel to and from camp - Make sure you know exactly what time registration is for your child. You can reference the schedule on the next page for drop off times. Keep in mind, **if you are attending Week 5 [July 5-12 which is Long Week, registration is Friday between 3:00 p.m. and 5:00 p.m.** All other weeks, registration is from **2:00 p.m. to 4:00 p.m.** on Sundays. Make sure you know what time to pick up your child, which is **Friday at 4:00 p.m.** for all 5 and 7 day camps. More information will be given to you during registration. **3-Day Camps will end at 1:00 p.m. on Wednesday.** You are free to park in the Refuge Parking lot and pick up your child's luggage. Anyone other than a parent or guardian must have parent authorization to pick up a child. Please refer to the Camper Release Form.

Talk with your child about what to expect at camp - Your child may have some concerns about being away from you for the week. Talk with them to see how they are feeling. If they are scared to be away from home, express your confidence in them staying over night at camp. We do not allow campers to call home so please prepare them for that as well.

Visit our website - Go to our website, www.pinesprings.org, and take a couple minutes to familiarize yourself and your child with our ministry. You can also go to vimeo.com/pinespringscamp and watch our highlight videos.

Camp Store Account - Do not send money with your child. Please make sure that you prepay or you may add money to the camp store account during registration day. The recommended amount is \$20 for 3-day, \$30 for a 5-day camp and \$40 for a 7-day camp.

Review the Camper Covenant Form in this packet with your child. Talk about every point, review and sign.

Pine Springs Camp Registration Times

We have found that staggering times for check in has worked well and will continue to do so. For families with campers in more than one age group, our multi-age group check in is at 2:30 p.m. with the exception of Long Week (Week 5) which will be 4:30 p.m.

<u>Camp Week</u>	<u>Camp</u>	<u>Check in Date/Time</u>
Week 1– June 9-12, 2024	Exploration 3-Day Springboard Discovery Grandmas, Moms and Tots <u>Multi-Age Group Check-in</u>	Sunday (6/9), 2:00 p.m. to 3:00 p.m. Sunday (6/9), 2:00 p.m. to 3:00 p.m. Sunday (6/9), 3:00 p.m. to 4:00 p.m. <u>Sunday (6/9), 2:30 p.m.</u>
Week 2– June 16-21, 2024	Expedition Classic Journey Classic Exploration Classic MinTEC <u>Multi-Age Group Check-in</u>	Sunday (6/16), 2:00 p.m. to 3:00 p.m. Sunday (6/16), 2:00 p.m. to 3:00 p.m. Sunday (6/16), 3:00 p.m. to 4:00 p.m. Sunday (6/16), 3:00 p.m. to 4:00 p.m. <u>Sunday (6/16), 2:30 p.m.</u>
Week 3– June 23-28, 2024	Journey Classic Exploration Classic Wet N Wild Exploration Mini-Discovery <u>Multi-Age Group Check-in</u>	Sunday (6/23), 2:00 p.m. to 3:00 p.m. Sunday (6/23), 2:00 p.m. to 3:00 p.m. Sunday (6/23), 2:00 p.m. to 3:00 p.m. Sunday (6/23), 3:00 p.m. to 4:00 p.m. <u>Sunday (6/23), 2:30 p.m.</u>
Week 4– June 30-July 3, 2024	Family Camp	Sunday (6/30), 2:00 p.m. to 4:00 p.m.
Week 5– July 5-12, 2024	Expedition Wild Expedition Classic Night Owl Journey Journey Classic <u>Multi-Age Group Check-in</u>	Friday (7/5), 3:00 p.m. to 4:00 p.m. Friday (7/5), 3:00 p.m. to 4:00 p.m. Friday (7/5), 4:00 p.m. to 5:00 p.m. Friday (7/5), 4:00 p.m. to 5:00 p.m. <u>Friday (7/5), 4:30 p.m.</u>
Week 6– July 14-19, 2024	Expedition Classic Journey Wild Journey Classic Exploration Classic <u>Multi-Age Group Check-in</u>	Sunday (7/14), 2:00 p.m. to 3:00 p.m. Sunday (7/14), 2:00 p.m. to 3:00 p.m. Sunday (7/14), 2:00 p.m. to 3:00 p.m. Sunday (7/14), 3:00 p.m. to 4:00 p.m. <u>Sunday (6/14), 2:30 p.m.</u>
Week 7– July 21-26, 2024	Journey Classic Exploration Classic Springboard Discovery Grandmas, Moms and Tots <u>Multi-Age Group Check-in</u>	Sunday (7/21), 2:00 p.m. to 3:00 p.m. Sunday (7/21), 2:00 p.m. to 3:00 p.m. Sunday (7/21), 3:00 p.m. to 4:00 p.m. Sunday (7/21), 3:00 p.m. to 4:00 p.m. <u>Sunday (7/21), 2:30 p.m.</u>
Week 8– July 28-August 2, 2024	Expedition Classic Journey Classic Exploration Classic Mini-Discovery <u>Multi-Age Group Check-in</u>	Sunday (7/28), 2:00 p.m. to 3:00 p.m. Sunday (7/28), 2:00 p.m. to 3:00 p.m. Sunday (7/28), 3:00 p.m. to 4:00 p.m. Sunday (7/28), 3:00 p.m. to 4:00 p.m. <u>Sunday (7/28), 2:30 p.m.</u>
Week 9– August 4-7, 2024	Exploration 3-Day Springboard Discovery Grandmas, Moms and Tots <u>Multi-Age Group Check-in</u>	Sunday (8/4), 2:00 p.m. to 3:00 p.m. Sunday (8/4), 2:00 p.m. to 3:00 p.m. Sunday (8/4), 3:00 p.m. to 4:00 p.m. <u>Sunday (8/4), 2:30 p.m.</u>

WELCOME TO CAMP!

Our Summer 2024 Check-In Procedures

Every camper and their parent/guardian must complete ALL STOPS. Each stop will be outside, however, in case of inclement weather, we will be prepared to move stops inside into indoor spaces.

Greeting and Parking

Upon entering camp at the Refuge (Dining Hall) parking lot, you will be enthusiastically greeted by our Timothy Team at the entrance to the Refuge. You will be directed to a parking spot.

STOP 1: Refuge Field Tent (Luggage)

- You will receive the camper's cabin assignment.
- You will check your luggage in and it will be tagged and separated according to the camper's cabin.
- Luggage is delivered to your child's cabin.

STOP 2: Located on the Side Porch of the Refuge Building

- Receive your "Welcome to Camp" Bag.
- Receive a check list of the PSC Registration Process.
- Complete an Early Child Pick Up Form if the parent/guardian desires to pick up their child early.
- Camper Pick-up information detailing when the camper should be picked up and details concerning the closing program (if there is one) will be distributed.

STOP 3: Under Front Porch of the Refuge

- A review of all needed paperwork and forms and an opportunity to complete any forms that may be missing or not complete.
- Camper Balances will be reviewed, and payments will be received if needed.
- A review of the amount in the Camper's Camp Store Account. Camper's will be given the opportunity to add money to their camp store account if so desired.

STOP 4: Front Porch of the A-Frame

- Questions concerning any information on the Counselor Communication Form will be reviewed
- You will find out information about the camper's counselor by receiving the "Counselor Bio".
- Camper Note/Letter Drop-Off- If you have a letter that you would like distributed to your camper on the first night, there will be a mailbox at this stop so our staff can get it to your child that evening.

STOP 5: In front of the Nurses Station

- A Nurse (or volunteer) will conduct a simple health question screening and the signed Medical Form will be reviewed for every camper. Questions about the camper's recent health, and immunization records and dates will be reviewed during this stop.
- Campers with medications must see a licensed RN who will review and record all camper medications that are to be taken while the camper attends camp. The nurse will also answer any questions parents may have. All Medications MUST be turned into the nurse.

STOP 6: At the Camper's Assigned Cabin

- The camper and their parent/guardian can make their way to the campers assigned cabin.
- Campers and their families will be greeted by one of the camper's counselors who will explain the process of getting settled into their cabin.

History of PSC and Directions to Camp

Our History...

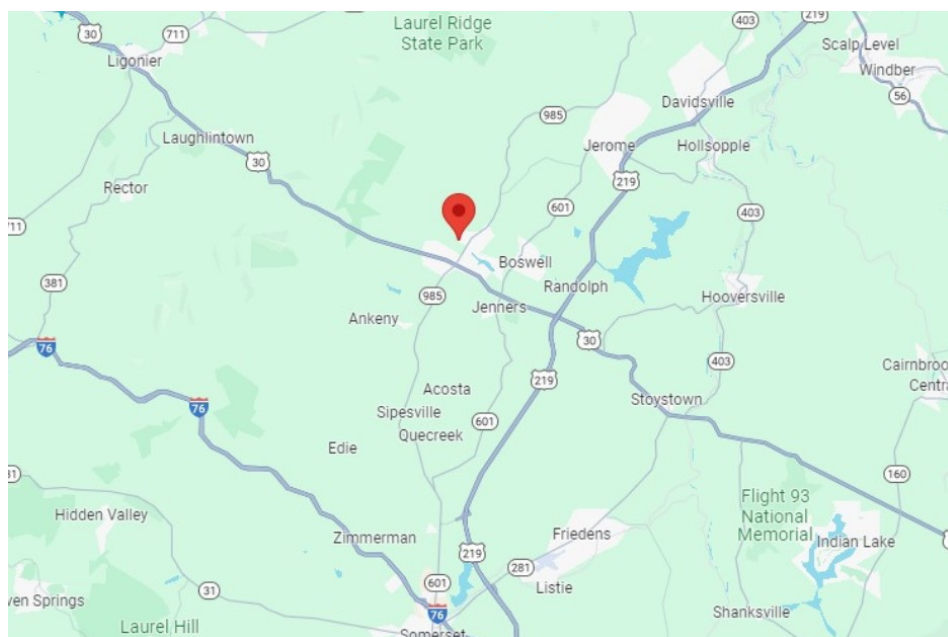
The generous gift of Isabell Coffin – Pine Springs Farm – to the Presbyterian Church in 1929, is the true beginning of what was to become a Redstone Presbytery youth camp nearly twenty years later. After years of planning and fund raising, construction of the camp began in February of 1948. That summer, 173 youth campers, 30 leaders, and 15 church groups were led to the “Springs of Living Water” in the first season of PINE SPRINGS CAMP. Originally managed by the First Presbyterian Church of Johnstown, Pine Springs Farm became an active summer mission of the Presbyterian Church in the Laurel Highlands. In 1981, Redstone Presbytery welcomed the addition of Washington Presbytery as a co-sponsor of this growing camping ministry. Since that time, the camp has grown in facilities, human resources, and camper programs for the summer. This is the 75-year legacy of Isabell Coffin’s gift – Pine Springs Camp – where thirsty souls find springs of living water through life-changing encounters with Jesus Christ!

Driving Directions

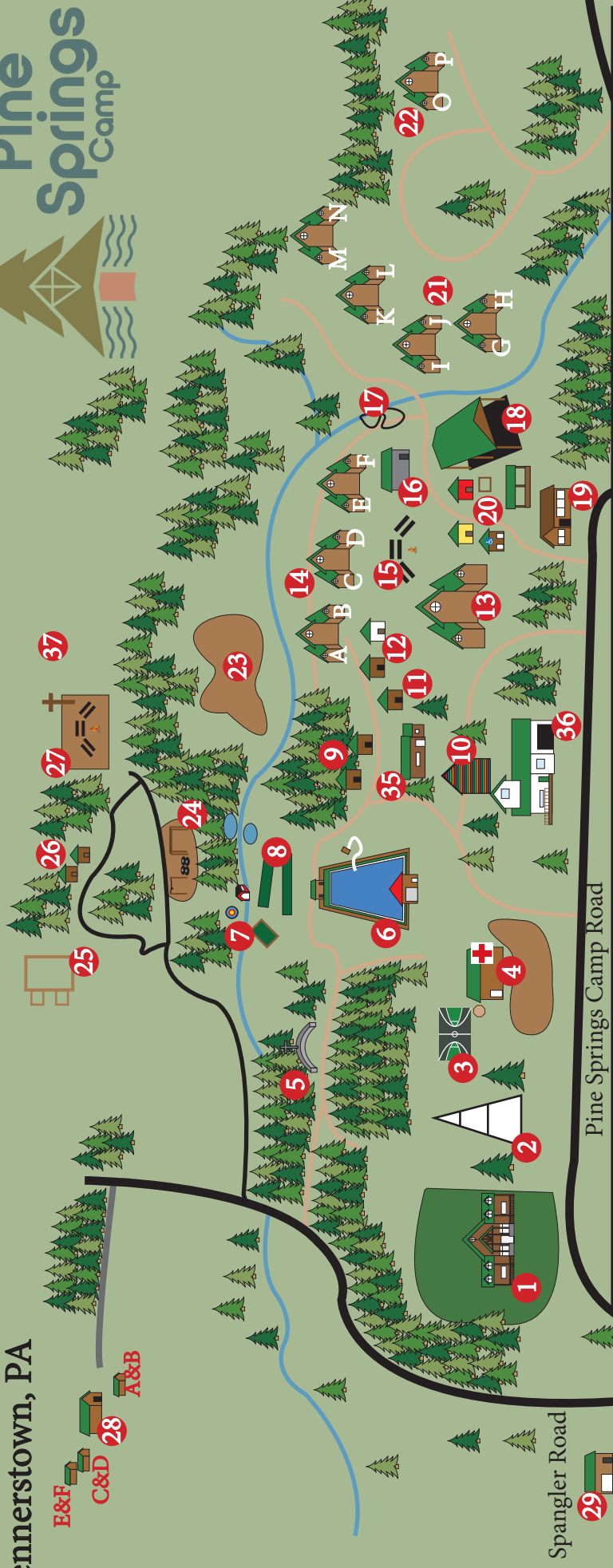
Pine Springs is located in the beautiful Laurel Highlands of Somerset County. It is easily accessible from the Pennsylvania Turnpike (Somerset Exit), U.S. Route 30 East from Ligonier, or U.S. Route 219 South from Johnstown. Pine Springs is about ½ mile north of the traffic light in Jennerstown, off of Route 985. Pine Springs is across from the Green Gables/Mountain Playhouse parking area.

From Pittsburgh:

Take the PA Turnpike East to exit 110-Somerset and drive North on 601 which then turns into 985 North. In Jennerstown, cross route 30 and turn left across from the Green Gables Restaurant, look for Pine Springs Camp sign on left. The street address is 371 Pine Springs Camp Road, Boswell, PA 15531.



Pine Springs Camp Jennerstown, PA



- | | | | |
|---|--|---|---|
| 1. The Refuge- Dining, Parking, Camp Office, & Registration | B- King Fisher- Newlonsburg Presbyterian Church, Murrysville | G- Ring-Neck Snake- Latrobe Presbyterian Church | Church, Jeanette & John & Jesse Mochnick |
| 2. A-Frame | C- Blue Heron- Mr. & Mrs. Ivan Guesman | H- Whitetail Deer- Latrobe Presbyterian Church | P- Screech Owl- Mr. & Mrs. Robert Tidball |
| 3. The Bowl- Basketball Court, & Gaga Ball | D- Redtail Hawk- Hewitt Presbyterian Church | I- Red Fox- 1st. Presbyterian Church, Irwin | 23. Low Ropes Course |
| 4. Nurses Station | E- Tiger Salamander- Trinity Presbyterian Church, Uniontown | J- Bobcat- 1st. Presbyterian Church, Irwin | 24. Confidence Course |
| 5. Stuart Chapel | F- Mallard- St. Paul's Presbyterian Church, Somerset & Covenant Presbyterian Church, Boswell | K- Black Bear- Puckety, Grace Community & New Kensington Presbyterian Churches | 25. Fort Legacy |
| 6. Aquatic Center | 7. Walled Soccer Field & Archery Bridge | L- Ruffed Grouse- Puckety, Grace Community & New Kensington Presbyterian Churches | 26. Koinonia Village |
| 7. Mini Sports Fields, Covered | 8. Timothy Team Cabins | M- Walking Stick- Church of the Covenant Presbyterian Church, Washington | 27. TP Firecircle |
| 8. The Chrysalis (Arts & Crafts) | 9. Camp Store | N- Cyote- Canonsburg Presbyterian Church | 28. Graham Village A & B, C & D, E & F |
| 11. Camp Store | 12. Nature Nook & Mission Cabin | O- Squirrel- 1st. Presbyterian | 29. Maintenance Building |
| 12. Nature Nook & Mission Cabin | 13. Elijah House/ Staff House- Westmont Presbyterian Church | | 30. Athletic Field |
| 13. Elijah House/ Staff House- Westmont Presbyterian Church | 14. Creekside Village | | 31. High Ropes Course & Climbing Tower |
| 14. Creekside Village | A- Muskrat- Westminster Presbyterian Church, Greensburg | | 32. Log Chapel |
| A- Muskrat- Westminster Presbyterian Church, Greensburg | 21. Woodland Village | | 33. Theater of the Word (Barn) |
| 21. Woodland Village | | | 34. The Manse (Staff Residence) |
| | | | 35. Staff Residence |
| | | | 36. Staff Residence |

985 Somerset Pike

PACKING LIST

The following is a suggested packing list for a week at camp. Please label ALL items!



Clothes:

Remember to bring clothes you don't mind getting dirty!

- T-Shirts and Shorts
- Long Pants and Sweatpants
- Extra Socks and Underwear
- One Piece or Full Coverage Tankini Bathing Suit
- Laundry Bag
- Water Shoes

Special Items*:

- Bible
- Notebook and Pen
- Water Bottle
- Flashlight or Head Lamp
- Backpack
- Bug Spray
- Sunscreen
- Stationery or Notecards
- ALL Completed Forms

Toiletries/Bedding:

- 2 Towels and Washcloths
- Soap and Shampoo
- Hairbrush
- Toothbrush and Toothpaste
- Shower Flip Flops
- Pillow and Sleeping Bag or Bedding for a Single Bed

Don't forget to "PACK" a GOOD ATTITUDE!

In humility consider others better than yourselves. Each of you should look not only to your own interest, but also to the interests of others.

Phillippians 2:3-4

Items NOT Allowed:

- Cell Phones, Text-Enabled Watches, and Other Electronics
- Video Games
- Pets
- Alcohol or Illegal Drugs
- Fireworks or Firearms
- Knives, Hatchets, or Anything Considered a Weapon
- Food (Gum, Candy, etc.)
- Personal Sports Equipment

*Certain camps may require special items. You will be notified in advance of any extra items that you may want to pack.



FORMS CHECKLIST

Please take time to complete and return the following mandatory forms at least **TWO WEEKS** prior to your child's week at camp.



Medical Release Form

Please return ASAP and no later than two weeks before the start of camp. Insurance information and immunization record is required.

Camper Covenant Form

Our goal is for campers to love God with all their heart, soul, mind and strength and love their neighbor as themselves.

Waiver, Release, and Indemnification Agreement

There are two versions of this form: one for minors and one for adults for Family Camp or Grandmas, Moms and Tots.

Counselor Communication Form

This form encourages provides any information to our counselors that will help them provide the best camp experience possible.

Camper Release Form

This form lists ALL individuals that are permitted to pick up the camper.

Food Allergy and Intolerances Form

This form alerts our Food Service Director to allergies and dietary restrictions. Please return as soon as possible!

AGE-GROUP SPECIFIC FORMS:

Certain camps require specific forms. Please make sure to fill out these forms for your Discovery or Expedition campers.

DISCOVERY CAMPERS (COMPLETED K-2)

Swim Test Release

Allows parents to decide whether their camper is ready to take our swim test that allows them to swim in the deep end without a flotation device. Please note: this does not mean that your camper will automatically pass the swim test.



EXPEDITION CAMPERS (COMPLETED 9-12)

White Water Rafting Release

Allows our Expedition campers to go on an offsite white water rafting trip to Ohiopyle State Park. Please note: this form is **ONLINE ONLY** and must be completed in order for your camper to go on the trip.



Medical Release

This Form Must Be Sent in ASAP or no later than Two Weeks Before Your Child's Week at Camp



To be completed by parents/guardians of those under 18 years of age, or by adult campers and staff members themselves. Without this completed form your child will not be allowed to participate in any camping event.

Personal Information

Camper Name: (Last) _____ (First) _____ (MI) _____

Home Phone: _____ D.O.B: _____ Age: _____ Gender: _____

Parent/Guardian Name: (Last) _____ (First) _____

Address: _____ City/State: _____ Zip: _____

1st Emergency Contact: _____ Ph #: _____

2nd Emergency Contact: _____ Ph #: _____

Physician Name: _____ Ph #: _____

Is the participant covered by family medical hospital insurance? YES NO

If yes, please indicate carrier _____ Policy or Group #: _____

****Please provide a copy of the front and back of the health insurance card and attach to this form.***

Health History

Immunization Records

Please Note: A current immunization record from doctor must be provided before a camper will be allowed to participate in any camp activity. Please attach to this form.

Date of last Tetanus shot: _____ Are immunizations current? YES NO

If No, which one(s) are not current? _____

Medications

Able to take Tylenol? YES NO Able to take Advil? YES NO

Are you currently on any medication? Please specify: _____

Please list Medications that you are bringing to camp: ***(All campers with medications must be reviewed with and received by the Nurse during registration)***

Medication _____ Dosage _____ x Daily _____ Time _____

Medication _____ Dosage _____ x Daily _____ Time _____

Medication _____ Dosage _____ x Daily _____ Time _____

Medication _____ Dosage _____ x Daily _____ Time _____

Prescribing Physician (s) _____

Does camper have any allergic reactions to:

Bee Stings Poison Ivy/Oak (Highly Allergic)

Drugs (describe) _____

Foods (describe) _____

Other _____

Please describe allergic reactions

Has camper had any illness, injuries or surgeries? _____

Any special medical conditions the camper may have that would require extra care? _____

Any special restrictions or considerations while at camp? _____

Has camper had a recent exposure to a contagious or infectious disease? _____

Any concerns we should be aware of, such as health habits, health conditions, menstruation, recent loss or trauma? _____

IMPORTANT: This section must be completed for participation in camp activities

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp's health care provider to provide routine health care; to administer medication; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I affirm that the camp, its staff, and volunteers are held harmless from any liability claims, judgments, and costs incurred during my/my child's stay at the facility or involvement in the camp experience. This completed form may be photocopied for trips out of camp.

Parent/Guardian Name (Printed)

Date

Parent/Guardian Signature

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Camper Name (Printed)

Date

Camper Signature

Adult Waiver, Release, and Indemnification Agreement

This Form Must Be Sent in ASAP or no later than Two Weeks Before Your Week at Camp



THIS RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT, effective as of the date(s) set forth below, is made by and between _____ and Pine Springs Camp, Inc. and any and all person associated with its programs, activities and operations, including by way of illustration and not limitation, its officers, directors, employees, volunteers, agents, landowners, representatives and insurers ("Provider").

Name of Camper (Adult)

IN CONSIDERATION of Participant's participation in Provider's programs and activities and Provider's provisions of such programs and activities, together with other good and valuable consideration, it is expressly understood and agreed by and between Participant and Provider as follows:

1. Participant agrees and acknowledges that Participant is of legal age, has legal capacity, has fully and carefully read this Release, Waiver and Indemnification Agreement, and understands its purpose, content and legal effect.

WAIVER, RELEASE AND INDEMNIFICATION

2. Participant does hereby and forever assume full responsibility for and waive, release and discharge Provider from any and all liability for personal injury, death and/or property damage to Participant of any nature or from any cause whatsoever arising from or that is or may be occasioned by Participant's participation in Provider's programs and activities, such waiver, release and indemnification to be and remain effective as of any date and/or any circumstance, and irrespective of whether such programs and activities are supervised by Provider or are unsupervised by Provider; PROVIDED, HOWEVER, that notwithstanding such waiver, release and discharge, Participant does consent to and authorize Provider to provide medical and healthcare treatment by qualified healthcare persons to Participant in the event of personal injury to Participant arising from or that is or may be occasioned by Participant's participation in Provider's programs and activities.

3. Participant further understands, agrees and acknowledges that Participant shall save, hold harmless and indemnify Provider of and from any and all liability claimed or that could be claimed by Participant for personal injury, death and/or property damage to Participant of any nature or from any cause whatsoever arising from or that is occasioned by Participant's participation in Provider's programs and activities, and irrespective of whether such programs and activities are supervised by Provider or are unsupervised by Provider.

4. Participant further understands, agrees and acknowledges that this Waiver, Release and Indemnification Agreement shall be and remain effective as to any and all claims, demands, causes of action and like matters, including by way of illustration and not limitation claims of negligence, and that, as of any date and/or circumstance, it is and shall remain legally binding, operative and effective as to Participant and Participant's heirs, beneficiaries, personal representatives and assigns.

ACKNOWLEDGMENT OF RISK

5. Participant further agrees, understands and acknowledges that, by reason of the nature of Provider's programs and activities and the natural surroundings in which the programs and activities occur, and even with safety systems utilized by Provider, participation in such programs and activities involves inherent risks of personal injury, death and/or property damage, including by way of illustration and not limitation:

- (a) Natural terrain and/or flooring surfaces (e.g., slips, trips and falls);
- (b) Other natural conditions (e.g., falling trees or limbs, adverse weather conditions and steep, uneven or unstable terrain);
- (c) Water-related and aquatic activities (e.g., drowning, pool decks and sun exposure);
- (d) Athletic and other physical activities (e.g., harm due to physical limitations, physical over-exertion or other adverse health conditions and with particular reference to developmental age, unforeseeable harm arising from the use of activity equipment and/or equipment failure with particular reference to climbing apparatus, and harm arising from adverse natural conditions or events having reference to such things as terrain and weather;
- (e) Adverse environmental and food-related conditions (e.g., exposure and infection arising from unforeseen bacteria, viruses and other pathogens and toxins);
- (f) Transportation to offsite activities;
- (g) Failure of participants to wear appropriate clothing and footwear for programs and activities;
- (h) Failure of participants to heed safety standards and rules in programs and activities supervised by Provider;
- (i) Failure of participants to exercise safe and responsible decision-making despite safety standards and rules in programs and activities supervised by Provider;
- (j) Unforeseen and unsafe actions and/or behavior of other participants in programs and activities despite safety standards and rules supervised by Provider; and
- (k) Unforeseen or unsafe actions and/or behavior in programs and activities unsupervised by Provider.

6. Participant further agrees, understands and acknowledges that the foregoing illustrations are not, and cannot be, inclusive of all of the possible or potential inherent risks associated with participation in Provider's programs and activities, irrespective of whether supervised by Provider or unsupervised by Provider, such that any and all other possible or potential inherent risks that have not been so illustrated are, by implication, included in this Agreement and shall not in any way limit its purpose, operation and legal effect.

7. Participant further agrees, understands and acknowledges that Participant has full knowledge and understanding of the risks of Participant's participation in Provider's programs and activities; that Participant is knowingly and voluntarily accepting and assuming the risks of such participation; that Participant shall be solely responsible for any personal injury, death or property damage that Participant sustains or may sustain by reason of such participation; and that, by reason of this Waiver, Release and Indemnification Agreement, Provider shall have no liability whatsoever of any nature.

8. If any term or provision, in part or in whole, of this Waiver, Release and Indemnification Agreement shall be determined or declared to be void or invalid in law or otherwise, then only that term or provision shall be stricken and, in all other respects, it shall be valid and continue in full force, effect and operation.

9. This Waiver, Release and Indemnification Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania.

10. This Waiver, Release and Indemnification Agreement shall be effective as of the date that it has been executed by Participant and Provider, and it shall thereupon be binding upon and shall inure to the benefit of the parties and their respective heirs, beneficiaries, representatives, successors and assigns.

CORONAVIRUS/COVID-19 AND VARIANTS WARNING AND DISCLAIMER

Coronavirus, also known as COVID-19, and its more recent variants, is an extremely dangerous virus that spreads easily through person-to-person contact. It also tends to affect certain segments of the population, such as the elderly and those who are immunocompromised, much more seriously. Social distancing is one of the means recommended by health authorities at the state and federal level to control and prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, long-standing or even permanent disability and death. Participating in Pine Springs Camp Inc.'s programs and activities or accessing Pine Springs Camp Inc.'s facilities could increase the risk of contracting COVID-19. Therefore, Pine Springs Camp Inc. does not, and cannot, guarantee or warrant in any way that Covid-19 infection will not occur through participation in Pine Springs Camp Inc.'s programs and activities or in accessing Pine Springs Camp Inc.'s facilities.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties have mutually made and executed this Waiver, Release and Indemnification Agreement, comprising three (3) pages, single-spaced and word-processed, as of the dates set forth below for each of the respective parties.

Adult Camper/Participant Name (Printed)

Date

Adult Camper/Participant Signature

Pine Springs Camp, Inc., Provider
(to be completed by Pine Springs Camp employee)

Date

Food Allergies/ Intolerances Form

***This Form Must Be Sent in ASAP or no later than
Two Weeks Before Your Child's Week at Camp***



Pine Springs Camp makes it a priority to provide campers and retreat guests with healthy and delicious food for the duration of their stay. We recognize that individuals who have food allergies and intolerances need accommodations to ensure that they stay safe and healthy while eating away from home. To that end, it is critical that we get as much information as possible to ensure that we do our best to accommodate special dietary needs. You may also contact the camp for a tentative menu.

Ellie Davis, our Food Service Coordinator, is available to discuss any questions or concerns and can be reached at ellie@pinesprings.org or by calling the camp office at 814-629-9834.

Please complete the following form ONLY if your child has any food allergies or intolerances.

Camper Name: _____

Age Group Name: _____

Week of Camp: _____ Dates of Camp: _____

Parent/Guardian Name: _____

Contact Phone: _____

Relationship to Camper: _____

Please list allergies/intolerances and their severity:

We are able to accommodate most common allergies and desire to provide food that is safe and familiar to campers. Families are welcome to send supplemental food for a child with very specific needs (for example: prefers only a certain kind of gluten free pasta or almond milk etc.). Unused food can be picked up at the end of the camp session. This information will be given directly to the Food Service Coordinator. You will also need to include this information on the general health forms required by the camp.