

PAYMENT FORM 2018

Pioneer Life Summer Day Camp – New Salem and Illinois College

Note: Although every child should have a completed separate registration form online, if you are registering more than one child you only need to complete ONE payment form.

Please list all campers' names being registered:

_____ **Registration Fees** (\$35 non-refundable deposit is part of the registration fee)

\$230 with van service, per camper

\$200 without van service, per camper

_____ **Total of applicable discounts**

- \$25 Discount (may apply ONE of the discounts below; \$25 total, not per camper)
 - Alumni camper discount – year(s) attended _____
 - Parent is Illinois College faculty or staff parent
 - Parent/Grandparent is New Salem Lincoln League Member
- \$10 early registration discount with full payment (per camper) – must receive this payment form by 4/1/2018 with total payment
- \$10 sibling discount – this discount is for any additional family members (first family member pays full fee)

\$_____ **Total Amount Due**

METHOD OF PAYMENT

CHECK (payable to Illinois College; please note Pioneer Life Camp on your check)

_____ **DEPOSIT ONLY:** A check for \$ _____ (minimum \$35 deposit per child) is enclosed and I will send the remaining balance of \$ _____ by June 1, 2018

_____ **FULL PAYMENT:** A check for \$ _____ is enclosed

CREDIT CARD (see below)

_____ **DEPOSIT ONLY:** Charge my credit card \$ _____ (minimum \$35 deposit per child) now and the remaining balance of \$ _____ on June 1, 2018

_____ **FULL PAYMENT:** Charge my credit card \$ _____

For Illinois College Business Office

Pioneer Life Summer Day Camp 2018 Credit Card Payment

VISA MasterCard Discover American Express

Amount \$ _____

Card # _____ Exp. Date: _____ Security Code _____

Cardholder Name: _____ Phone: _____

Billing Address: _____

City/State: _____ Zip Code: _____

Cardholder's Signature: _____

Remaining Balance Authorization

In the event that only the minimum deposit is being charged at time of registration, I,
_____, authorize the above credit card to be charged the remaining
balance of \$ _____ on June 1, 2018.

Please list all campers names being registered:

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event reasonable attempts to contact me at _____ (phone #) or _____ (other parent/guardian) at _____ (phone #) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary for the child(ren) listed above by _____ (preferred physician) at _____ (phone #) or in the event the designated preferred practitioner is not available, by another licensed physician, and the transfer of this child to Memorial or St. John's hospital (circle preferred hospital) in Springfield, IL. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian

Date

General Release Form

In consideration of being allowed to participate in the Pioneer Life Day Camp program at Lincoln's Historic New Salem Site, I hereby release the State of Illinois, the Illinois Historic Preservation Agency, Lincoln's New Salem State Historic Site, the New Salem Lincoln League and Illinois College from any liabilities or claims arising from the above listed child(ren)'s participation. I agree that I will never prosecute or in any way aide in prosecuting any demand, claim or suit against the State of Illinois, the Illinois Historic Preservation Agency, Lincoln's New Salem State Historic Site, the New Salem Lincoln League or Illinois College for any loss, damage or injury to my child's person or property that may occur from any cause whatsoever as a result of taking part in this activity.

For Minor Child

I, _____, parent/legal guardian of the above-said child (ren), consent to his/her taking part in the Pioneer Life Day Camp activities, and will abide by the above.

Signature of Parent / Guardian

Date

VEHICLE RELEASE FORM 2018

ILLINOIS COLLEGE STUDENT OR PARTICIPANT WAIVER AND RELEASE FOR OFF-CAMPUS PROGRAMS

Illinois College requires all individuals who might be transported in a college-owned vehicle to read and sign the following waiver. This waiver applies to ALL campers.

I am applying for participation in the Pioneer Life Summer Day Camp Program offered by Illinois College. I am not required to participate in this Program, although I may receive academic credit through participation in the Program. In consideration for being permitted to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, we agree and represent as follows:

1. I understand that, although the College will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the College nor its trustees, officers, employees and agents, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.
2. I further understand that the College reserves the right to establish rules for the operation of the Program, and I will comply with those rules. The College, in its sole discretion, may terminate my participation in the Program if I violate the rules or behave in a manner which is disruptive or which could impede or obstruct the progress of the Program in any way, or affect adversely the reputation of the Program or the College. If I am a student at the College, I understand that, if my participation in the Program is terminated, I will receive no academic credit nor receive a refund of any Program fees.
3. I understand that, although the College has made every reasonable effort to assure my safety while participating in the Program, I hereby acknowledge my awareness that my participation in the Program may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include airplane crashes, motor vehicles accidents, and other travel-related accidents; cuts, bruises, broken bones, sickness, and other injuries and health-related occurrences; criminal acts/and or terrorism, as well as other risks that may not be foreseeable. I have investigated the risks, and I hereby assume any and all such risks, and I release and promise not to sue the College or its trustees, officers, employees, agents, successors and assigns.
4. For the sole consideration of the College arranging for my participation in the Program, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the College and its governing board of trustees, their members individually, and their officers, agents and employees (in their official and individual capacities) from any and all claims, demands, rights and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation in the Program and/or any travel incident thereto, including any acts of negligence on the part of the College, its trustees, officers, employees, or agents.
5. I have or will secure comprehensive health and accident insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature, I certify that I have confirmed that my health care coverage

will adequately cover me while I participate in the Program, including any travel outside the United States, and I hereby release the College, and its employees and agents, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses, including medical bills, charges and similar expenses.

6. I authorize any representative of the College to secure dental and medical treatment for me if I am injured or become ill while participating in the Program, including without limitation anesthetic and surgical treatment, and further authorize any representative of the College to sign authorization forms necessary to obtain the treatment. Neither the College nor its employees and agents shall be responsible or liable for any expenses or damages I may incur as a result of the College acting pursuant to this grant of authority.
7. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, agree to indemnify, defend and hold harmless the College, and its trustees, officers, employees, agents, successors and assigns (in their official and individual capacities), from any and all liability, loss, damage, claim, suit and cost which arises out of, occurs during, or is in any way connected with my participation in the Program or any travel incident thereto, including claims and suits arising out of any of my alleged acts or omissions, and any claim or suit made on my behalf by my legal representatives, heirs, successors and assigns.
8. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
9. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement; I have the right to consult with the advisor, counselor, or attorney of my choice.
10. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Illinois. Unless the College agrees otherwise, venue shall be in Morgan County, Illinois.
11. This agreement represents my complete understating with the College concerning the College's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the college on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
12. I represent that I am at least 18 years of age, if not, that I have secured below the signature of my parent or guardian as well as my own.

Printed Name of Registered Camper(s)

Camp Dates

- June 20-24, 2018
- July 18-22, 2018

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date signed