



**STAFF APPLICATION**

**OAKRIDGE**

**Oakridge Christian Camp & Retreat Center**  
RR 3, Box 233  
Anadarko, OK 73005  
[www.OakridgeCamp.com](http://www.OakridgeCamp.com)

For any questions, comments, or concerns, please call our main office at 405.247.5433 or send us an email at [Oakridge@OakridgeMinistries.net](mailto:Oakridge@OakridgeMinistries.net)

# OAKRIDGE CHRISTIAN CAMP

## NEEDS STAFF

**INTERNS & FULL-TIME STAFF: 18 and older**

**SUMMER STAFF: 14 and older**

### **Responsibilities Include**

Assisting in Oakridge Ministry development in many areas such as kitchen duties and food service, camp maintenance, housekeeping, landscaping, recreation, office, Snack Shack/concessions, crafts, Summer Camp counseling, Oakridge programs, music, computers, website, communications, etc. Your assigned responsibilities will depend on your personal gifts, abilities, and experience. All Staff will be given opportunities for personal growth in the areas of discipleship training, Bible study and memorization.

### **Qualifications**

You must be a committed Christian who wants to serve the LORD and willing to work hard. Interns must be generally available from Labor Day through the first week of August of the following year. Summer Staff must be available from the last week of May through mid-August. Oakridge Camp understands that some Interns and Staff may need a few weeks off for other commitments; we try our best to accommodate.

### **Pay**

**Full-Time Staff and Interns:** Weekly salary plus lodging, utilities, local phone, some meals, and some access to computer, recreation, and vehicles, plus a bonus during summer months.

**Summer Staff:** Ranges from \$50 - \$200 per week based upon age, ability, merit, length of commitment, etc., plus meals and snacks, lodging and recreation.

### **Oakridge offers YOU...**

A tremendous opportunity to live on a Christian camp property, involve yourself in a camp ministry, experience personal discipleship and Bible study/memorization, to serve the LORD, campers, and retreat guests in various ways. Oakridge has Staff families that reside on-site, opportunities for weekly church involvement, as well as other youth and young adults serving on Staff as well. You will probably share a room with other Staff and Interns, but may occasionally reside in a dorm with some campers during the summer.

**For an application or more information, call Oakridge Camp at 405.247.5433 or visit [www.OakridgeCamp.com](http://www.OakridgeCamp.com) to download an application.**





***Dear Prospective Oakridge Staffer,***

Thank you very much for your interest in a Summer Staff or Intern position with Oakridge Camp! We are looking forward to ministering to many children, youth, and adults this year and in the years to come.

There is a lot of material in this packet. Please look through it carefully. The application is fairly long and extensive, but don't be overwhelmed! We just want to get to know you, and we want you to know us. All of the information helps us in making an informed decision concerning our Staff.

Please give much prayer and thought regarding your decision to apply. Our desire is to have those people on staff who are willing to labor in the Name of Jesus to serve others and who are truly committed to sharing the gospel of Jesus Christ through Christian camp and retreat ministry.

The first step is receiving your application and reference forms. Once those have been received, we will schedule a phone interview if the Lord should so lead.

It is always nice to be able to put a face with a name! Please include a recent photograph with your completed application.

It is our goal each year to have our Intern selections totally finalized by late August and our Summer Staff selections finalized by early May. Full-Time Staff may be hired year-round, depending on the circumstances.

We look forward to hearing from you soon! May God bless you as you seek to serve Him with your life.

Serving the Lord at Oakridge,

A handwritten signature in cursive script that reads "Brian Ball".

**Brian Ball  
Director**

Enclosures.

# Oakridge Ministries Statement of Faith

- We believe the Bible to be the only inspired, infallible, and authoritative word of God.
- We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and in His personal, tangible return in power and in glory.
- We believe that regeneration by the Holy Spirit is absolutely essential for the salvation of lost and sinful men. Such regeneration occurs by God's grace and involves repentance from sin and faith in the Lord Jesus Christ.
- We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of the body of the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of all true believers in Christ.

All Applicants must fill out this application in its entirety, with the exception of Returning Staff. All Returning Staff should call our office for details on filling out their application.

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I am applying for  Intern (one year)  Summer Staff  Full-Time Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Hair Color \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Phone \_\_\_\_\_  
mm / dd / yyyy

SSN \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

T-Shirt Size  S  M  L  XL  XXL  XXXL Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
if you don't have a license, leave this space blank

Ethnicity  Caucasian  Asian  African-American  Native American  Jewish

Marital Status  Never married  Married  Separated from spouse  Divorced  Widow(er)

I have training in the following areas:  First Aid  CPR  Lifeguarding  
 Other \_\_\_\_\_

## PARENT INFORMATION (if a minor)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parents' Marital Status  Married  Separated  Divorced  Widow(er) Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

## PRESENT HOME CHURCH INFORMATION

Name \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Youth Pastor/Leader \_\_\_\_\_

Phone \_\_\_\_\_

## EDUCATION

High School Attended \_\_\_\_\_ Grades Completed  8  9  10  11  12

College(s) Attended \_\_\_\_\_

Years Completed \_\_\_\_\_ Major \_\_\_\_\_ Degree(s) \_\_\_\_\_

Other Schools Attended \_\_\_\_\_

Years Completed \_\_\_\_\_ Major \_\_\_\_\_ Degree(s) \_\_\_\_\_

## ORGANIZATIONAL INVOLVEMENT

List any organization with which you are now involved or have been involved in in the past. Give the name of the organization, any offices you held, length of involvement, and the leader's name and phone number.

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Organization Leader \_\_\_\_\_ Phone \_\_\_\_\_

Organization Leader \_\_\_\_\_ Phone \_\_\_\_\_

## CHURCH/CAMP/CHRISTIAN MINISTRY EXPERIENCE - VOLUNTEER

List any experience you have had volunteering with any church, youth/summer camp, or Christian ministry. Give the name of the organization, a description of volunteer work, and the length of your involvement with the organization.

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## CHURCH/CAMP/CHRISTIAN MINISTRY EXPERIENCE - EMPLOYEE

List any experience you have had working for any church, youth/summer camp, or Christian ministry. Give the name of the organization, a description of work, and the length of your employment with the organization.

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## HOW DID YOU FIND OUT ABOUT OAKRIDGE CAMP?

Please take the time to tell us how you found out about Oakridge Christian Camp & Retreat Center.

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## ACTIVITY EXPERIENCE/ABILITY

The following are some of the roles and responsibilities that take place at Oakridge Camp. Check the ones you might be interested in, based upon your age, skills, experience, etc.

### Ministry

- Counseling/offering Biblical advice
- Driving a bus, vehicles w/ trailer, etc.

### Facilities

- Construction
- Housekeeping
- Kitchen assistance
- Landscaping
- Maintenance/repair

### Program

- Dance
- Drama/skits
- High-adventure recreation
- Instrument \_\_\_\_\_
- Light systems operation
- Musical ability
- PA/sound board operation
- Recreation/activities oversight

Voice

### Office

- Bookkeeping
- Computer design
- Database entry
- Sales/promotion
- Telephone receptionist

**Other** \_\_\_\_\_

Describe any other experience you may have had in working with children or youth.

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## GENERAL INFORMATION

Please be honest about the following issues. We understand that God can change people's lives. Feel free to make additional comments below as you so desire.

- Do you smoke, chew, or dip tobacco?  Yes  Occasionally  No
- Do you drink alcoholic beverages?  Yes  Occasionally  No
- Have you ever used illegal/mind-altering drugs?  Yes  No
- Has your driver's license ever been suspended?  Yes  No
- Have you ever been addicted to/treated for chemical dependency?  Yes  No
- Have you ever been convicted of any violation of law/been in prison?  Yes  No
- Are there any facets of your background which might call into question your being entrusted with ministry responsibilities?  Yes  No

## EXPLANATION FOR ANY OF THE ABOVE

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## WORK/EMPLOYMENT HISTORY

Please list your last two (2) employers, if applicable.

Company \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

I would rate my work as                      Poor              Fair              Good              Very Good              Excellent

Company \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

I would rate my work as                      Poor              Fair              Good              Very Good              Excellent

## HEALTH

To the best of your knowledge, are there any health limitations that would restrict your ability to perform any job functions that would be requested of you? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

I would rate my general health as                      Poor              Fair              Good              Very Good              Excellent

I would rate my physical stamina as                      Poor              Fair              Good              Very Good              Excellent

## REFERENCES

Included with this packet are two (2) reference forms. These are not necessary for Returning Staff, unless requested by Oakridge Ministries. For all First-Time Applicants, these forms are to be printed out and then delivered to your chosen references. Please see to it that the following people receive the appropriate form:

- The **Employer** form should be given to your most recent employer or a co-worker. Please make sure they are willing to fill out the form promptly before you give it to them.
- The **Christian Worker** form should be given to a pastor, youth pastor, or staff leader of a Christian organization with which you are involved, preferably one that has been involved in some way with your Christian walk.
- **NOTE:** Your application *cannot be considered* until all reference forms have been received. Please follow up on your references and make they send their form in to our office.

## **SPIRITUAL PERSPECTIVES & AUTOBIOGRAPHY**

If you aren't using our Interactive PDF Form, please attach a separate sheet of paper with your completed answers to the following questions, to be included with your finished application.

*Describe how you became a Christian and the steps of growth in your spiritual life.*

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*Briefly share your opinion or position on the following issues. Give Scriptural references to back up your beliefs.*

Abortion

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Homosexuality

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Alcohol

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*At this time in your life, what do you feel God is preparing you to do?*

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*What are your personal devotional or Christian growth habits? What are you currently studying?*

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*Why do you want to work with Oakridge Ministries? What contribution do you feel you can make?*

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## STATEMENT OF INTENT

I understand that by signing my name below, I am affirming that the information contained in this application for employment is accurate to the best of my knowledge. I also understand that any false information given in this may be cause for my immediate dismissal; and that acceptance for employment is subject to satisfactory reference and employment checks, criminal background checks, and verification of previous employment. I also understand that I have read the Oakridge Statement of Faith and that I agree with the statement in its entirety, and if accepted, will strive to live my life, while employed by Oakridge, according to the principles established in the Bible. I hereby give the Oakridge Ministries staff permission to verify any and all information in this application by contacting any organization or person to obtain information concerning me. I release and agree to hold harmless from liability any person or organization (whether listed in this application or not) who provides information or reference about me to Oakridge, its employees or its agents. I hereby also release and agree to hold harmless Oakridge and its directors, officers, employees, and volunteers with respect to the obtaining of such information about me.

I further understand that I must sign a release of liability for any and all injuries that may occur to me while on Oakridge property or while I am employed by Oakridge.

I declare that the foregoing information in this application is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_ state .  
day month year city state

\_\_\_\_\_  
 Applicant  
 Oakridge Ministries will accept your typed name as a valid digital signature.

\_\_\_\_\_  
 Parent (if Applicant is a minor)  
 Oakridge Ministries will accept your typed name as a valid digital signature.

## ATTENTION, PARENTS OF MINORS.

Please inform yourself about Oakridge Ministries, our summer plan and schedule, job descriptions, etc., to make sure both you and your child are truly interested in and desirous of working at Oakridge Camp. We *do not* want any minor young people working with us who do not have the complete support of their parents. Please feel free to call with any questions before your child submits his/her application. We certainly want you to be well-informed. We're parents of teenagers, too!

## ATTENTION, ALL APPLICANTS.

Please complete your application in a neat and timely manner. Oakridge will strive to makes its staff selections as soon as possible. Please remember to attach a recent photograph of yourself to your completed application.

## ATTENTION, SUMMER APPLICANTS.

Any applicant who is accepted is expected to attend the first Staff Orientation week (usually the last week of September for Interns, and the last week of May for Summer Staff). Those individuals who can't attend orientation *will not* receive pay their first week, because they will require a second, personal orientation. Also, you can plan on up to two weeks off, if you so desire. We try to work out everyone's personal schedules.

**Thank you for your application! God bless you!**

Name of Oakridge Applicant: \_\_\_\_\_

*This form is to be filled out by the applicant's most recent employer or a coworker, NOT a family member.*

**Dear Reference,**

Thank you for taking the time to fill out this form. Please carefully consider each of the questions and answer them to the best of your ability, according to your knowledge of the Applicant. Please leave blank any questions you feel unqualified to answer.

At Oakridge Christian Camp, we take working with children and young people very seriously. Because our Staff will be spending a great deal of time around young people, it is very important that their lifestyle be one that an impressionable young person can emulate. If you do not feel that the Applicant meets these criteria, please let us know. You may contact our office at (405) 247-5433.

Please mail your completed form to **Oakridge Camp**  
**RR 3, Box 233**  
**Anadarko, OK 73005**

How long have you known the Applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What is (was) the nature of the work done by the Applicant? \_\_\_\_\_

\_\_\_\_\_

What is (was) the Applicant's attitude toward his/her work? \_\_\_\_\_

\_\_\_\_\_

Have you seen a willingness to learn shown by the Applicant? Explain. \_\_\_\_\_

\_\_\_\_\_

Rate the Applicant's leadership ability.  Makes no effort to lead  Good ability

Tries, but lacks ability  Significant ability to lead

Shows some ability

Describe the Applicant's emotional temperament.  Overreacts emotionally

Balanced and controlled under most circumstances

Tends to be moody

Sometimes well-balanced

Well-balanced

Describe the Applicant's ability to form, execute, and follow through on plans.  Needs constant supervision

Does over and above assigned duties

Meets average expectations

Begins but does not finish

Superior ability and follow-through

Describe the Applicant's personality.  Shy and withdrawn

Outgoing

Reserved

Extrovert

Average

Other: \_\_\_\_\_

Please rate the Applicant's ability to work with the following, on a scale of 1 to 5.

(With 1 being "poor" and 5 being "excellent.")

\_\_\_ Employers \_\_\_ Ministers \_\_\_ Youth

Please rate the Applicant (using the above scale) on the following characteristics and traits.

Additional comments would be appreciated.

- \_\_\_ Ability to work with others. \_\_\_\_\_
- \_\_\_ Attitude toward authority. \_\_\_\_\_
- \_\_\_ Attitude toward hard work. \_\_\_\_\_
- \_\_\_ Courtesy. \_\_\_\_\_
- \_\_\_ Dependability. \_\_\_\_\_
- \_\_\_ Friendliness. \_\_\_\_\_
- \_\_\_ Honesty and personal integrity. \_\_\_\_\_
- \_\_\_ Initiative. \_\_\_\_\_
- \_\_\_ Judgment. \_\_\_\_\_
- \_\_\_ Organizational skills. \_\_\_\_\_
- \_\_\_ Punctuality. \_\_\_\_\_
- \_\_\_ Servanthood. \_\_\_\_\_
- \_\_\_ Stamina. \_\_\_\_\_
- \_\_\_ Tact. \_\_\_\_\_

Are there any tendencies or traits that you are aware of which you feel might reduce the potential effectiveness of the Applicant in a Christian camp ministry? Explain. \_\_\_\_\_

Can you, in good conscience, recommend the Applicant to be a part of a Christian church-camp ministry? Explain. \_\_\_\_\_

Would you want your child or teenager under the direct charge, influence, and supervision of the Applicant? Explain. \_\_\_\_\_

Additional comments. \_\_\_\_\_

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please give the name, address, and phone number of a person who knows the applicant well and from whom we might obtain additional information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Thank you for your time and effort in filling out this form! God bless you!**



Please rate the Applicant's ability to work with the following, on a scale of 1 to 5.

(With 1 being "poor" and 5 being "excellent.")

\_\_\_ Employers \_\_\_ Ministers \_\_\_ Youth

Please rate the Applicant (using the above scale) on the following characteristics and traits.

Additional comments would be appreciated.

- \_\_\_ Ability to work with others. \_\_\_\_\_
- \_\_\_ Attitude toward authority. \_\_\_\_\_
- \_\_\_ Attitude toward hard work. \_\_\_\_\_
- \_\_\_ Courtesy. \_\_\_\_\_
- \_\_\_ Dependability. \_\_\_\_\_
- \_\_\_ Friendliness. \_\_\_\_\_
- \_\_\_ Honesty and personal integrity. \_\_\_\_\_
- \_\_\_ Initiative. \_\_\_\_\_
- \_\_\_ Judgment. \_\_\_\_\_
- \_\_\_ Organizational skills. \_\_\_\_\_
- \_\_\_ Punctuality. \_\_\_\_\_
- \_\_\_ Servanthood. \_\_\_\_\_
- \_\_\_ Stamina. \_\_\_\_\_
- \_\_\_ Tact. \_\_\_\_\_

Are there any tendencies or traits that you are aware of which you feel might reduce the potential effectiveness of the Applicant in a Christian camp ministry? Explain. \_\_\_\_\_

Can you, in good conscience, recommend the Applicant to be a part of a Christian church-camp ministry? Explain. \_\_\_\_\_

Would you want your child or teenager under the direct charge, influence, and supervision of the Applicant? Explain. \_\_\_\_\_

Additional comments. \_\_\_\_\_

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please give the name, address, and phone number of a person who knows the applicant well and from whom we might obtain additional information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

# ADULT RELEASE FORM

Please read carefully: Every **adult** (any persons 18 years of age and older) attending an Oakridge event with activities **must** fill out this form. If any individual does not turn in a completed Release Form, they will not be able to register or take part in any form of Oakridge recreational activity. *Thank you!*

PLEASE PRINT CLEARLY	FULL NAME OF ADULT (FIRST, MIDDLE INITIAL, LAST)	AGE	DATE OF BIRTH (MM/DD/YYYY)	SEX	INSURANCE COMPANY	POLICY NO./INFO	PLEASE PRINT CLEARLY

Please fill out **ONE** form for each **RESIDENCE**. Each adult listed above shall henceforth be known as "Participant(s)."

{ GENERAL  
INFORMATION }

Group/Church: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

{ EMERGENCY  
CONTACT }

Full name/Relationship: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The Participant(s) understands the following rules/regulations concerning participation in Oakridge recreational activities:**

- {1} NO MINOR may participate in ANY Oakridge activity without a signed Release Form from a parent or legal guardian.
- {2} Any health issues, allergies, reactions, illnesses, medications, treatments, conditions, etc. relevant to the Participant(s) are to be reported in advance; any aforementioned health issues, etc. are to be reported **SEPARATELY** to the group leader responsible for overseeing the Participant(s) while at Oakridge. It is the responsibility of the **ADULTS** and **GROUP LEADERS, NOT** Oakridge Staff, to oversee and administer all medications, treatments, etc. to any Participant(s) from their group. Oakridge Camp and/or Staff will not be held responsible for administering or failing to administer any medication, treatments, etc.
- {3} The Participant(s) is in good physical condition and capable of participating in and completing various Oakridge activities. Oakridge offers a wide range of activities, including many high-risk and weapons-related activities such as riflery, archery, waterslides, paintball, Go-Karts, rock- and cliff-climbing, swimming, low elements ropes course, rappelling, water skiing, knee-boarding, etc., as well as transportation in vans, buses, and other vehicles to and from activities.
- {4} The Participant(s) wishes to be accepted for participation in all Oakridge activities, and the Participant(s) acknowledges that some activities will necessarily involve participation in activities which are, by their nature, physically and mentally intense/demanding and subject to possible hazards, not all of which can be foreseen and prevented. The Participant(s) assumes all of the ordinary risks normally incidental to the nature of these types of recreation, including risks and possible injuries which are not foreseeable.
- {5} The Participant(s) hereby releases all rights and claims for damages against Oakridge Ministries, Inc., and its various corporate associations, including its Staff, Directors, Volunteers, and all individuals assisting in instructing and conducting these activities, including the owners and lessors of premises used to conduct any and all activities, from all liability of any nature for any and all injuries, losses, or damages suffered by the Participant(s) at or in any way connected with these injuries, even if arising from the negligence of those persons aforementioned, except that which is the result of gross negligence and/or wanton misconduct.
- {6} In the event of an emergency, the Participant(s) does hereby authorize any X-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist of any hospital service that might be rendered under the general, specific, or special consent of the Oakridge Staff (in the absence of a spouse, Group Leader, or other group representative). The Participant(s) understands that each Participant(s) must provide his/her own health and accident insurance. In the event of an injury or medical need, expenses incurred will be the responsibility of each individual (private pay), individual personal insurance, or group insurance from the sponsoring group and **NOT** Oakridge.

*I have read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Oakridge Ministries will accept the above typed name(s) as a valid digital signature.

FOR OFFICE USE ONLY.

Mailing List: \_\_\_\_\_

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Support: \_\_\_\_\_

# MINOR RELEASE FORM

Please read carefully: Every **adult** (any persons 18 years of age and older) attending an Oakridge event with activities **must** fill out this form. If any individual does not turn in a completed Release Form, they will not be able to register or take part in any form of Oakridge recreational activity. *Thank you!*

PLEASE PRINT CLEARLY	FULL NAME OF MINOR (FIRST, MIDDLE INITIAL, LAST)	AGE	DATE OF BIRTH (MM/DD/YYYY)	SEX	INSURANCE COMPANY	POLICY NO./INFO	PLEASE PRINT CLEARLY	

Please fill out **ONE** form for each **RESIDENCE**. Each minor listed above shall henceforth be known as "Participant(s)."

{ MINOR'S  
INFORMATION }

Group/Church: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

{ PARENTS'  
INFORMATION }

Full name/Relationship: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

**The Participant(s) understands the following rules/regulations concerning participation in Oakridge recreational activities:**

- {1} NO MINOR may participate in ANY Oakridge activity without a signed Release Form from a parent or legal guardian.
- {2} Any health issues, allergies, reactions, illnesses, medications, treatments, conditions, etc. relevant to the Participant(s) are to be reported in advance; any aforementioned health issues, etc. are to be reported SEPARATELY to the group leader responsible for overseeing the Participant(s) while at Oakridge. It is the responsibility of the ADULTS and GROUP LEADERS, NOT Oakridge Staff, to oversee and administer all medications, treatments, etc. to any Participant(s) from their group. Oakridge Camp and/or Staff will not be held responsible for administering or failing to administer any medication, treatments, etc.
- {3} The Participant(s) is in good physical condition and capable of participating in and completing various Oakridge activities. Oakridge offers a wide range of activities, including many high-risk and weapons-related activities such as riflery, archery, waterslides, paintball, Go-Karts, rock- and cliff-climbing, swimming, low elements ropes course, rappelling, water skiing, knee-boarding, etc., as well as transportation in vans, buses, and other vehicles to and from activities.
- {4} The Participant(s) wishes to be accepted for participation in all Oakridge activities, and the Participant(s) acknowledges that some activities will necessarily involve participation in activities which are, by their nature, physically and mentally intense/demanding and subject to possible hazards, not all of which can be foreseen and prevented. The Participant(s) assumes all of the ordinary risks normally incidental to the nature of these types of recreation, including risks and possible injuries which are not foreseeable.
- {5} The Participant(s) hereby releases all rights and claims for damages against Oakridge Ministries, Inc., and its various corporate associations, including its Staff, Directors, Volunteers, and all individuals assisting in instructing and conducting these activities, including the owners and lessors of premises used to conduct any and all activities, from all liability of any nature for any and all injuries, losses, or damages suffered by the Participant(s) at or in any way connected with these injuries, even if arising from the negligence of those persons aforementioned, except that which is the result of gross negligence and/or wanton misconduct.
- {6} In the event of an emergency, the Participant(s) does hereby authorize any X-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist of any hospital service that might be rendered under the general, specific, or special consent of the Oakridge Staff (in the absence of a spouse, Group Leader, or other group representative). The Participant(s) understands that each Participant(s) must provide his/her own health and accident insurance. In the event of an injury or medical need, expenses incurred will be the responsibility of each individual (private pay), individual personal insurance, or group insurance from the sponsoring group and NOT Oakridge.

*I have read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Oakridge Ministries will accept the above typed name as a valid digital signature.

FOR OFFICE USE ONLY	Mailing List: _____
	Date Entered: ____ / ____ / ____
	Support: _____