

## List of clothing and personal items needed for camp

Camper's Name \_\_\_\_\_

This checklist shows the total number of articles suggested for our session of camp. Mephibosheth Ministries, Inc. does not assume responsibility for personal items brought to camp, but every effort will be made to see that campers will return home with all of their belongings. Do not pack toys, games, tape players, stereos, game boys, etc.

1. Mark all clothing with marking tapes sewn on or write your camper's name (first and last) in waterproof ink. Sew tapes or write name at the back neckline on shirts, etc. at rear waist on pants and on the corners of towels, washcloths and blankets. All other toiletry items should be marked with the name on adhesive tape with waterproof ink. Camper's name must be also marked on the outside of the sleeping bag.
2. **IMPORTANT!!** Pack inexpensive or used, older clothing. This is strongly suggested as things wear out or sometimes get lost at camp. Spending money is not needed, as all snacks are covered in the fee.
3. Put camper's name on **OUTSIDE** and **INSIDE** of suitcase.

### **SUGGESTED ESSENTIAL ITEMS**

Complete the list below and tape it inside the camper's suitcase. Indicate in the blank spaces the number of each article brought to camp. (Numbers shown are suggested amounts of each article)

**Sleeping Bag / Bedding** \_\_\_\_\_ 1  
**Pillow** \_\_\_\_\_ 1  
**Bath Towels** \_\_\_\_\_ 1  
**Wash Cloths** \_\_\_\_\_ 2  
**Pairs of Socks** \_\_\_\_\_ 3  
**Underwear** \_\_\_\_\_ 3  
**Swimsuit** \_\_\_\_\_ 1  
**Beach Towel** \_\_\_\_\_ 1  
**Pajamas** \_\_\_\_\_ 1  
**Hat or Cap** \_\_\_\_\_ 1

**T-Shirts** \_\_\_\_\_ 3  
**Pants or Shorts** \_\_\_\_\_ 1  
**Pairs of Shorts** \_\_\_\_\_ 3  
**Sweatshirt** \_\_\_\_\_ 1  
**Jacket** \_\_\_\_\_ 1  
**Bug Repellent** \_\_\_\_\_ 1  
**Toiletry Articles:** soap, deodorant, toothbrush, shampoo, shaving, equip. hairbrush, comb, hair ties  
**Sunscreen and Sun Glasses**

**If your camper sometimes soils underwear or wears diapers,  
please send a 3+ day supply.**



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Group/Program Name: Camp Mephibosheth

**THE ARK CHRISTIAN MINISTRIES**  
**RELEASE AND WAIVER OF LIABILITY,**  
**ASSUMPTION OF THE RISK, AND INDEMNITY**

**RELEASE AND WAIVER OF LIABILITY:** I, for myself, my heirs, next of kin, personal representatives and assigns, hereby release, waive, discharge, and covenant not to sue THE ARK Christian Ministries, its successors and assigns, the agents and board members of THE ARK Christian Ministries, any THE ARK Christian Ministries volunteers or employees, and the owners and lessees of premises on which THE ARK Christian Ministries-sanctioned activities and events take place, from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage or injury (including death) to my person or property in any way resulting from, or arising in connection with, or related to, any sanctioned event or activity, and whether arising while engaged in an activity or event, or while upon, entering or departing from said premises, from any cause whatsoever included, without limitation, specifically including but not limited to exposure to any communicable disease, such as COVID-19, the failure of anyone to enforce rules and regulations, the failure to make inspections, or the negligence of other persons, specifically including the negligence of THE ARK Christian Ministries, the agents and board members of THE ARK Christian Ministries, any THE ARK Christian Ministries volunteers or employees, and the owners and lessees of premises on which THE ARK Christian Ministries-sanctioned activities or events take place.

**ASSUMPTION OF RISK:** I know the risk and danger to myself and property, both from known risk and unanticipated risk, while participating or assisting in a sanctioned activity or event (these risks include but are not limited to: head injury, bone breaks, and exposure to one or more communicable diseases, such as COVID-19) and I do so willingly, voluntarily and in reliance, not upon the property, equipment, facilities, and existing conditions furnished by others, including THE ARK Christian Ministries, the agents and board members of THE ARK Christian Ministries, any THE ARK Christian Ministries volunteers or employees, and the owners and lessees of premises on which THE ARK Christian Ministries-sanctioned activities or events take place, but upon my own judgment and ability, and I thereby assume all risk of loss, damage, or injury (including death) to myself and my property from any cause whatsoever and whether or not attributable to the negligence of others, specifically including the negligence of THE ARK Christian Ministries, the agents and board members of THE ARK Christian Ministries, any THE ARK Christian Ministries volunteers or employees, and the owners and lessees of premises on which THE ARK Christian Ministries-sanctioned activities or events take place.

**INDEMNITY:** I hereby agree to indemnify and hold harmless THE ARK Christian Ministries, the agents and board members of THE ARK Christian Ministries, any THE ARK Christian Ministries volunteers or employees, and the owners and lessees of premises on which THE ARK Christian Ministries-sanctioned activities or events take place from loss, liability, damage, or cost they may incur due to my presence at or participation in any THE ARK Christian Ministries-sanctioned activity or event, whether caused by the negligence of THE ARK Christian Ministries, the agents and board members, of THE ARK Christian Ministries, any THE ARK Christian Ministries volunteers or employees, and the owners and lessees of premises on which THE ARK Christian Ministries-sanctioned activities or events take place or otherwise.

**PUBLICITY RELEASE:** I give to THE ARK Christian Ministries, its assigns, licensees, successors in interest, and legal representatives the irrevocable right to use any images derived from my presence at or participation in any THE ARK Christian Ministries-sanctioned activity or event in all forms and in all media and in all manners, without any restriction as to changes or alterations, for advertising, trade, promotion, exhibition, or any other lawful purpose. I agree that THE ARK Christian Ministries owns the copyright in these images, and I hereby waive any claims I may have based on any usage of the photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel.

<hr/> Participant Name (print)	<hr/> Participant Signature	<hr/> Participant Birth Date	<hr/> Today's Date
<hr/> Participant Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> Participant/Guardian Email Address			
<hr/> Emergency Contact Name	<hr/> Emergency Contact Phone #		

**Consent (if participant is under 18 years of age):**

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I agree to the terms of the above release.

<hr/> Parent/Guardian Name (print)	<hr/> Parent/Guardian Signature	<hr/> Parent/Guardian Phone #	<hr/> Today's Date
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## PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant \_\_\_\_\_ DOB: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medication: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

For those with Down Syndrome: AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + -

Neurological Symptoms of AtlantoAxial Instability: \_\_\_\_\_

*Please indicate current or past special needs in the following systems/areas, including surgeries:*

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			
Other			
Other			
Other			

To my Knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the NARHA center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

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

*Please take notice of the back side of this form.*

Deciding to accept a client into our operating center's therapeutic riding program is an important step. Effective decision-making depends on several factors. It is necessary to determine whether precautions will limit or contraindications will prevent a client from participating in our program. The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present and to what degree.

<b>Orthopedic</b>	<b>Neurological</b>	<b>Medical/Surgical</b>
Spinal Fusion	Hydrocephalus/shunt	Allergies
Spinal Instabilities/Abnormalities	Spina Bifida	Cancer
Atlantoaxial Instabilities	Tethered Cord	Poor Endurance
Scoliosis	Cjoaro II Malformation	Recent Surgery
Kyphosis	Hydromyelia	Diabetes
Lordosis	Paralysis due to Spinal Cord Injury	Peripheral Vascular Disease
Hip Subluxation and Dislocation	Seizure Disorders	Varicose Veins
Osteoporosis		Hemophilia
Pathologic Practures	<b>Secondary Concerns</b>	Hypertension
Coxas Arthrosis	Behavior problems	Serious Heart Condition
Heterotopic Ossification	Age under two years	Stroke (Cerebrovascular-Accident)
Osteogenesis Imperfecta	Age two-four years	
Cranial Deficits	Acute exacerbation of chronic disorder	
Spinal Orthoses	Indwelling catheter	
Internal Spinal Stabilization Devices		

Thank you for your time and consideration. Please feel free to contact us if we can assist you in any way.

Sincerely,

HoofPrints Staff