



CHECKLISTS FOR CAMPS

Risk Management Checklists
for Christian Camps



**BROTHERHOOD
MUTUAL**[®]

IMPORTANT INFORMATION

The information in this publication is intended to help ministry leaders better understand issues of risk management and assist them in developing a risk management program for their camps and related ministries.

No portion of this publication should be used without prior legal review, revision, and approval by an attorney licensed to practice law in your state. Brotherhood Mutual Insurance Company assumes no liability for reliance upon the information provided in this publication, nor for the use and distribution of the sample forms provided.

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INTRODUCTION

Camp Risk Management

The checklists in this book are designed to help you take the first steps toward improving your risk management strategies by assessing risk in key areas of your camp. You can complete the checklists individually or all at once. Either way, here's how to use them:

- If you answer “yes” to all of the questions on a checklist, that means your camp is already following some generally accepted best practices in that area of risk management.
- If you answer “no” to some of the questions, you can use the checklist to note issues that need more attention and create a follow-up plan for improvement.

Each list contains space at the bottom to make notes for specific needs that are discovered while completing the checklist. These notes will become the building blocks of your risk management plan.

You may want to create a binder that you can file the completed checklists in, along with relevant notes, estimates, receipts, and other paperwork. Use this material as part of your ongoing risk management procedures.

Evaluating risk throughout your camp is not a one-time procedure. Rather, it will become an ongoing process that you continually evaluate and improve upon.

We've also included some sample forms with common language that will help you develop forms for your camp.

For additional risk management guidance, please visit the [Brotherhood Mutual website](#).

 Organization Name _____

Camp Risk Management Checklist

	Yes	Needs Attention
1. Is leadership committed to risk management?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are safety responsibilities assigned and audited?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a written safety and health program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide information about the camp's health management practices to parents of campers with special medical needs, and do you provide enough staff to meet those needs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Do you have effective safety rules and policies?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are safety rules and policies enforced?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a safety coordinator?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a health and safety committee?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have emergency response procedures, including notification of authorities and parents?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have written, job-specific safety training guides?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you conduct systematic and objective safety inspections?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you investigate accidents to prevent repeats?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have effective claim management procedures?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you offer an early return-to-work program?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you keep detailed records and analyze accident data?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have a positive incentive program for safety promotion and awareness?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are your accident rates good or improving?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are the frequency and seriousness of workers' compensation claims good or improving?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

 Organization Name

Buildings and Grounds Checklist

Creating a safe camp environment starts with the basics: providing adequate food, shelter, and safety. Examine your facilities as if you were a newcomer. You might spy several areas that could benefit from safety improvements.

	Yes	Needs Attention
1. Are all buildings, structures, and activity areas in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are clean and sanitary conditions maintained throughout the campsite?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all buildings used for sleeping have working smoke detectors, recently serviced fire extinguishers, and at least two emergency exits?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do all buildings used for sleeping that contain fuel-burning equipment also have functioning carbon monoxide detectors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all permanent sleeping buildings have ventilation, temperature control, space for movement, and space between beds?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do upper bunks have guardrails (if used for children under 16)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you repair roof leaks as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you repair or replace broken windows as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you avoid using extension cords in place of permanent electrical wiring and outlets?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all electrical outlets near water (restrooms, pool areas) equipped with ground fault circuit interrupter (GFCI) outlets?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have an adequate number of sinks near the restroom area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you regulate hot water temperature to prevent scalding?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you inspect camp paths, trails, and sidewalks regularly for potential tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is outdoor lighting adequate for safety and nighttime activities?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the property fenced and equipped with "No Trespassing" signs?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the entry closed or locked at night?	<input type="checkbox"/>	<input type="checkbox"/>

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 Organization Name _____

Playground Safety Checklist

Playgrounds can be the scene of serious injuries if they're not properly built and maintained. Although you can't prevent every accident that occurs, you can help reduce the risk of more serious falls and other injuries through proper playground design, equipment maintenance, and child supervision.

	Yes	Needs Attention
1. Was your playground equipment designed and installed by professionals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does playground equipment sit on at least 9 to 12 inches of shock-absorbing surface material, and is it firmly anchored to the ground?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are elevated play areas on your playground protected with continuous guardrails (20 inches above the ground for preschoolers, 30 inches above the ground for school aged children)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the space between handrails and ladder rungs no larger than 3.5 x 9 inches to prevent head entrapment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are your playground swings spaced at least 2 feet apart and 30 inches from the side poles to help prevent crashes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your playground separated from roadways with a fence, wall, or other secure barrier?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your playground cleaned regularly and inspected for broken glass or sharp metal objects?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your playground equipment regularly inspected for worn or missing parts, loose bolts, sharp edges or points, damaged "S" hooks, and exposed components that could trip, pinch, or crush someone?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are moving parts on your playground properly lubricated?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is splintered or cracked wood repaired as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are children actively supervised by an adult when using your playground equipment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do children know how to use the equipment correctly and understand the rules and expectations for playground safety?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

 Organization Name _____

Fire Safety Checklist

Fires are one of the leading causes of property losses—and one of the most preventable. A little awareness and preparedness can go a long way in protecting your camp from a catastrophic loss. Heating, electrical and sprinkler systems should be maintained and tested on a regular basis and evacuation plans should be updated and practiced as well. Here are some things to think about as you look at fire safety.

	Yes	Needs Attention
1. Does your camp have a well-designed, comprehensive, and practiced evacuation plan for fires or other emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are furnaces professionally cleaned and inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you annually analyze the electrical system for adequacy, replace equipment like frayed, worn, or dried-out extension cords, and check the fuse box to make sure all fuses are the proper size for each circuit?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ensure that combustibles, like paint supplies and other flammable liquids, are stored away from heat sources, such as campfires, furnaces, or boilers?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all exits clearly marked and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you annually inspect smoke detectors and fire extinguishers to ensure they are functioning?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is each building used for sleeping equipped with functioning smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does each building used for sleeping have at least two exit options?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do any of your buildings have sprinkler systems installed to automatically extinguish fires as soon as they're detected?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your ministry worked with a professional to develop a lightning and surge protection system?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your staff and volunteers know that they should turn off electrical items when they are not in use?	<input type="checkbox"/>	<input type="checkbox"/>

BUILDINGS AND PROPERTY

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 Organization Name _____

Camp Kitchen Checklist

When preparing food for a large group of people, there's an increased risk for contaminated food to make everyone sick. To control that risk, camps must take a number of safety precautions in the food service area. Most items on the following checklist were adapted from the American Camping Association's accreditation standards.

	Yes	Needs Attention
1. Does the food service supervisor have documented training and/or experience in food service management?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the staff follow procedures for cleaning and sanitizing utensils and food contact surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are workers trained in proper hand washing techniques, and do they know when to wash their hands?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you check daily to ensure that perishable food is kept below 40° F?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is all food cooked and held at safe temperatures?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your food service area clean and protected from rodents and insects?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all walkways, floors, and appliances kept free from grease accumulation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are garbage cans in the dining and kitchen areas covered when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all dishes and utensils cleaned and sanitized?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all dishes washed and rinsed at, or above 100° F, or allowed to air dry, and covered when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have written verification that your camp's water is safe to drink?	<input type="checkbox"/>	<input type="checkbox"/>
12. When outside groups rent your camp, do you advise them about proper food handling and dishwashing procedures?	<input type="checkbox"/>	<input type="checkbox"/>

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Organization Name _____

Swimming Pool Safety Checklist

	Yes	Needs Attention
1. Are safety rules posted and enforced?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are emergency telephone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is rescue equipment readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a trained attendant with CPR/AED certification on duty at all times when the pool is open?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the children's area roped off?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the pool surrounded by a security fence and securely locked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is diving strictly prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the pool area inspected regularly for sharp edges?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are pool ladders, steps, and treads in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are walkways and deck in good repair and coated in a non-slip material?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the pool depth marked conspicuously?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is water tested in accordance with applicable regulations?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the water clear and the bottom clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are screens secure over all water intakes?	<input type="checkbox"/>	<input type="checkbox"/>
15. If hot-water pipes are present, are they located where people cannot come in contact with them?	<input type="checkbox"/>	<input type="checkbox"/>
16. If night swimming is permitted, is illumination adequate?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are underwater lights GFCI equipped and periodically tested by an electrician?	<input type="checkbox"/>	<input type="checkbox"/>

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 Organization Name _____

Disaster Planning Checklist

	Yes	Needs Attention
1. Do you have a team that can take charge during any emergency situation? Do members of the team fill the roles of communication, evacuation, first aid, and emergency supplies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you maintain equipment needed for emergency fire protection, first aid, communication, transportation, and backup power?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you consulted area experts like police, fire, or emergency personnel about special considerations for your plan?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your disaster plan identify a safe place to gather in the event of an exterior threat like a tornado?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your disaster plan include an evacuation plan for interior threats, such as fires or bomb threats? Does it include a well-defined escape route? Are the locations of all doors, windows, and stairways clearly mapped out?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the evacuation plan designate outdoor gathering areas that are at least 150 feet away from the buildings?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your disaster plan specify which employees and/or volunteers are in charge of leading groups from different areas of the campground?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all evacuation routes and procedures outlined in the disaster plan posted in highly visible areas throughout your facility?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you inform all campers, staff, and groups of your emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you practice evacuation drills on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you maintain and distribute copies of the disaster plan to all people who would respond to an emergency? (The plan should include each person's responsibilities and 24-hour phone numbers.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you maintain and distribute an updated list of important information and phone numbers? (Police and fire departments, hospitals, your camp's insurance agent and policy number, telephone, gas, and electric companies, building maintenance and security.)	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY PREPAREDNESS

Notes: _____

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 Organization Name

First Aid & Health Checklist

	Yes	Needs Attention
1. Do you have a staff member with training in the appropriate level of first aid and CPR/AED on duty at all times in camp and on camp trips?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you're a resident camp, do you have a licensed physician or registered nurse on site daily?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you gather health history information on campers and seasonal staff that includes current health conditions, past medical treatment, immunizations, and allergies?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you gather information on campers and seasonal staff that includes name, birth date/age, name/address/phone of adult responsible for each minor, phone of emergency contact, and name/phone of individual's physician?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have parents of minors sign a form giving you permission to provide routine health care, administer prescribed medications, and seek emergency medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have written health care policies that include the scope and limits of services, authority/responsibilities of camp staff, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you keep a health log and reports of all incidents requiring medication, first aid, or professional medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you store all drugs under lock and dispense prescription drugs only under the directions of a physician?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you train staff in their health care roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you inform appropriate staff of any special needs of campers for whom they're responsible?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your emergency response team know to look for an emergency medical identification card on the injured or ill person to alert you to any known medical problems or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have gloves available to protect emergency response team members from blood and other potentially harmful bodily fluids?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you use a special medical needs agreement?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

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Organization Name _____

Setting Up an AED Program Checklist

Is your camp prepared to handle cardiac emergencies? You may consider purchasing or renting an Automated External Defibrillator (AED). As you establish an AED program, consider the following questions:

	Yes	Needs Attention
1. Based on your facility's size, do you know how many AED units you would need and where they should be located?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you know who within your organization will be responsible for AED use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is AED training part of your response team's onboarding process?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know whether you have enough people on your response team to cover most situations/locations within your camp?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know how much money will be needed to rent or purchase the equipment, train employees or volunteers, and provide program maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you know current AED-use laws in your state? While there are AED Good Samaritan provisions in most states that provide certain legal protections to laypersons, it's good to know the legal climate in your state regarding this equipment.	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you consult with your local American Red Cross chapter, hospital, or another organization for input regarding your AED such as renting vs. purchasing, maintenance, and training for staff and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY PREPAREDNESS

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 Organization Name

First Aid Kit Contents Checklist

Do the first aid kits at your ministry include the following items? You should also check to make sure items are not expired.

	Yes	Needs Attention
1. Sterile gloves (non-latex, at least two pairs)	<input type="checkbox"/>	<input type="checkbox"/>
2. Sterile compresses, gauze, and dressings	<input type="checkbox"/>	<input type="checkbox"/>
3. Cleansing agents (soap, antiseptic wipes and/or hydrogen peroxide, alcohol wipes and/or ethyl alcohol)	<input type="checkbox"/>	<input type="checkbox"/>
4. Antibiotic ointment, burn ointment, and hydrocortisone ointment	<input type="checkbox"/>	<input type="checkbox"/>
5. Adhesive bandages in several sizes	<input type="checkbox"/>	<input type="checkbox"/>
6. Adhesive cloth tape	<input type="checkbox"/>	<input type="checkbox"/>
7. Elastic cloth bandages	<input type="checkbox"/>	<input type="checkbox"/>
8. Medical tape on a roll	<input type="checkbox"/>	<input type="checkbox"/>
9. Instant cold compresses	<input type="checkbox"/>	<input type="checkbox"/>
10. A breathing barrier with one-way valve for administering CPR	<input type="checkbox"/>	<input type="checkbox"/>
11. Eye wash solution	<input type="checkbox"/>	<input type="checkbox"/>
12. A thermometer (oral, non-mercury/non-glass)	<input type="checkbox"/>	<input type="checkbox"/>
13. Scissors	<input type="checkbox"/>	<input type="checkbox"/>
14. Tweezers	<input type="checkbox"/>	<input type="checkbox"/>
15. Petroleum jelly or other lubricant	<input type="checkbox"/>	<input type="checkbox"/>
16. Aspirin and non-aspirin pain relievers	<input type="checkbox"/>	<input type="checkbox"/>
17. Anti-diarrhea medication	<input type="checkbox"/>	<input type="checkbox"/>
18. Antacid	<input type="checkbox"/>	<input type="checkbox"/>
19. Blanket	<input type="checkbox"/>	<input type="checkbox"/>
20. Flashlight and extra batteries	<input type="checkbox"/>	<input type="checkbox"/>

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Organization Name _____

Youth Activities Checklist

	Yes	Needs Attention
1. Do you require that parents or guardians sign an <i>Activity Participation Agreement</i> prior to allowing young people to participate in activities at camp?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you offer high-risk activities (such as a ropes course, rappelling, whitewater rafting, etc.), do you use trained supervisors or enlist the services of a professional who specializes in the activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you give campers a safety orientation before they participate in specialized activities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have adequate supervision for all programs and activities, especially those involving high risk?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you avoid games that might result in headfirst collisions with objects or other people?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have experienced, certified lifeguards on duty at any event involving swimming?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you document whether campers are covered by family medical or health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do camp staff and volunteers complete a Notice of Injury form whenever a camper gets hurt, no matter how minor the injury may seem?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are camp vehicles inspected regularly and kept in excellent mechanical condition?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are camp vehicles operated by experienced, responsible drivers?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do camp staff and volunteers know and regularly practice emergency response procedures?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do camp staff and volunteers have up-to-date first aid and AED training and access to first-aid and AED supplies?	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITIES

Notes: _____

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Sample Activity Participation Agreement

Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization: _____

Address: _____ Phone: _____

Name of sponsor's coordinator: _____ Phone: _____

Description of activity: _____

Date(s) and location of activity: _____

Participant Information (To be completed by participant or authorized guardian)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Phone (daytime): _____ Phone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

Continue to next page

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In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or parent/guardian if participant is a minor)

 Organization Name _____

Driver Screening Checklist

An important part of running a camp is providing safe transportation—be it shuttling campers to a nearby lake or retrieving them from a white-water rafting trip. Screening your drivers before they get behind the wheel is critical to ensuring that those in your care are in good hands.

Keep a list of all approved, trained drivers, and avoid situations where people not on the list are thrust into the driver's seat.

The following questions can help you screen driving candidates:

	Yes	Needs Attention
1. Does each driver hold a valid state driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does each person who drives a bus or large van (16+ people) hold a valid commercial driver's license in accordance with applicable state laws?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have written proof that drivers have received behind-the-wheel training and practice handling large vans or buses?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you avoid using drivers under age 21?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you train drivers to handle large vans or buses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you obtain candidates' driving records and insurance coverage information?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you avoid using drivers who have reckless driving citations or multiple moving violations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have at least one primary qualified driver for each vehicle your camp owns?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you keep a list of all approved, trained drivers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you avoid putting people who are not on your drivers' list behind the wheel?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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Organization Name _____

Driver Pre-Trip/Post-Trip Inspection Checklist

Vehicle (Make/Model/Year): _____

 Odometer Reading: _____ Date: _____ Time: _____ AM PM

Check any item that needs attention and include the details under "comments." Don't drive the vehicle until the defects you've discovered have been corrected.

Start the engine and test the following:

Noises (unusual) OK Needs Attention

 Noises

Gauges OK Needs Attention

 Fuel

 Temperature

 Dashboard warning lights

Lights OK Needs Attention

 Headlights

 Brake lights

 Turn signals

 Hazard lights

Other OK Needs Attention

 Windshield wipers

 Fans and defroster

 Brakes (and parking brake)

 Mirrors

 Horn

 Exhaust system

(muffler, tailpipe)

Tires OK Needs Attention

 Proper inflation

 Adequate tread

 Spare inflated

Leaks (look underneath) OK Needs Attention

 Oil

 Other

Safety equipment OK Needs Attention

 Fire extinguisher

 First aid kit

 Reflective triangles

 Flares

 Spare bulbs/fuses

 Map

 Emergency contact info

 Phone/two-way radio

 Seat belts

(one for each passenger)

Comments: _____

Vehicle Condition Following Driver's Inspection

- Acceptable:** Vehicle can be driven without further inspection.
- Requires Attention:** Vehicle can be driven, but should be inspected by a mechanic in the next 30 days.
- Requires Immediate Attention:** Vehicle should **not** be driven until it has been inspected by a mechanic.

Driver's signature: _____ Date: _____

Mechanic's Repair Report

- Defects noted above have been repaired.
- Defects noted above need not be repaired for safe operation of vehicle.

Mechanic's signature: _____ Date: _____

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Auto Accident Sample Form and Checklist

When an Accident Happens:

- Stop immediately and turn off your ignition. Don't obstruct traffic. Ask a responsible person to warn oncoming traffic.
- Don't move your vehicle until instructed to do so by police.
- Stay calm, don't argue, don't admit fault, and don't accuse anyone of fault.
- Obtain first aid if needed and ask someone to call police.
- Record the make, model, and license plate number of all vehicles. Ask for the driver's license numbers of those involved.
- Secure the names and addresses of all parties, as well as any witnesses and/or injured parties.
- Make a diagram of the accident showing the position of the two vehicles during and after the crash.
- At the accident site, don't make any settlement offers or volunteer to pay damages.
- Make sure the attending officer files a police report.
- Report the accident to your insurance agent or company as soon as possible.
- File a financial responsibility report with the state or local police if required by law.

Accident Scene Diagram:

Driver's Name: _____

Church/Ministry Name: _____

Policy Number: _____

Record of Events:

Date/time of accident: _____

Road conditions: _____

Weather conditions: _____

Accident location: _____

Other driver's name and phone number: _____

Other parties' vehicle description/driver's license number, and insurance company: _____

Were there any passengers in your vehicle? _____

Other vehicle? Names, ages, injuries: _____

Did EMS respond? Injuries treated: _____

Did the police respond? _____

If so, officer's name and badge number: _____

Was a police report made? If so, report number: _____

Damage to vehicles: _____

Comments made by other drivers: _____

Agent's Name: _____

Telephone: _____

Sample Reference Response Information Form

To: _____
Name of Camp

From: _____
Address

Subject: _____
Name of Worker Candidate

The individual named above has expressed an interest in working with children or youth in our camp. The candidate has listed you as a reference. In order for our organization to properly evaluate the qualifications of this worker candidate, we are asking you to complete this form with your honest opinions and impressions of the candidate.

Please return the completed form to our organization in the enclosed envelope.
Thank you for your assistance.

1. How long have you known the worker candidate? _____

2. In what capacity have you come to know this individual? (e.g. coworker, neighbor, friend, etc.)

3. In your opinion, is the above worker candidate fully qualified to work with children and youth?

Yes No (If no, please explain) _____

4. What concerns, if any, would you have in allowing this individual to work with children or youth?

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?

Yes No (If yes, please explain) _____

Additional comments or explanations:

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this form at your earliest convenience to: _____
Name of Camp

Sample Notice of Injury Form

Organization	Name: _____
	Address: _____
Time and Place of Injury	Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	Where did the injury occur? _____
Person Injured	Name: _____ Age: _____
	Address: _____ Phone: _____
	Name of parents/guardians (if a minor): _____
	Employer: _____
	Injuries sustained: _____
	Where was injured taken? (hospital/doctor): _____
	Relationship to organization: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Other
	If injury occurred on insured's premises, for what purpose was the injured on the premises? _____
	Who was responsible for supervision at the time of injury? _____
	If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____
	Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of medical insurance company: _____ _____
Full Description of Incident	_____

Witnesses	Name: _____ Phone: _____
	Address: _____
	Name: _____ Phone: _____
	Address: _____

Signature: _____ Date of report: _____

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Sample Photo Use Agreement

This sample agreement should be reviewed and approved by your attorney prior to use.

I, _____ (“Licensor”), hereby grant, voluntarily and with full understanding, to _____ (“Camp”), a license to the following:

1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the activity, namely _____ (“Activity”), of Camp.
2. Use of any stored data including my name and image in printed publications of Camp.
3. Use of any stored data including my name and image in electronic publications of Camp.
4. Use of any stored data including my name and image in any Web site created by or for Camp for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
6. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with Camp upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association for final resolution.

Full name of person in photo (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

Parent’s or guardian’s signature: _____ Date: _____

(if the above named person is under 18)

Parent’s name (please print): _____

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