

# **AWA Summer Camp – Panama City Beach Trip**

## **July 3<sup>rd</sup> to July 7<sup>th</sup> 2017**

### *Consent and Waiver Release Form*

#### ***Basic Information:***

First Baptist Church Kosciusko is organizing a trip to **AWA SUMER CAMP in Laguna Beach Christian Retreat in Panama City Beach, FL** beginning **July 3<sup>rd</sup> 2017** through **July 7<sup>th</sup> 2017**. The trip is under the supervision of **Brian Adams**. First Baptist Church Kosciusko will do all in its power to ensure that the trip is as safe as possible and a time of spiritual growth for all who participate.

In order to participate we require a consent and release form to be signed. “I” and “my” refers to the participant. “Church” refers to First Baptist Church Kosciusko.

I, (print name) \_\_\_\_\_ intend to attend and participate in the trip to **AWA SUMER CAMP in Laguna Beach Christian Retreat** sponsored by First Baptist Church Kosciusko.

#### ***I Understand the Risks Involved.***

I understand that any activity has risk and potential for injury. I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the activities involved herein. I affirm that I am fit and able to take part in the sponsored activities.

I understand that travel to a foreign country also involves the normal risks associated with air transportation and ground transportation for which the Church is not responsible. I release the Church, and its agents and representatives, officers and congregation from damage associated with these risks.

In regard to the risks involved with travel to **Laguna Beach Christian Retreat in Panama City Beach, FL**, I understand that medical, safety and security issues can be greater than in the United States. I understand that I am responsible for reading the travel advisories provided by the United States Department of State (<http://www.state.gov/travelandbusiness/>) and the Travel Medicine Recommendations and Requirements from the Centers for Disease Control (<http://www.cdc.gov/travel/default.aspx>) in regard to travel to **Laguna Beach Christian Retreat in Panama City Beach, FL**. I understand that I am responsible for having any required and recommended shots, medicines, etc. that any prudent traveler would take in preparation for travel to **Laguna Beach Christian Retreat in Panama City Beach, FL**. I agree to hold blameless First Baptist Church Kosciusko, its agents, officers, congregation and principals for injury or loss associated with these risks.

#### ***Participant’s Responsibility***

I understand that in any event or activity sponsored by First Baptist Church Kosciusko, leaders and responsible adults will exercise due diligence in providing for the safety and health concerns of all participants. I agree that should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs involved. I agree to hereby release and forever discharge and agree to hold harmless the Church, its directors and designates from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by me. I also hereby release the Church and its directors, agents and designates for any liability sustained as the result of my negligent, willful or intentional actions, including expenses and agree to indemnify the church or its agents or designates in the event of any claim against them flowing from my actions.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_

**Date** \_\_\_\_\_

**(Please complete information form on reverse side)**

**REMEMBER \$50 deposit is REQUIRED to complete registration.**

Please turn in deposit along with registration form.

**AWA Summer Camp – Panama City Beach Trip**  
**July 3<sup>rd</sup> to July 7<sup>th</sup> 2017**  
*Medical information Form*

PARTICIPANT NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ (adult size only)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S PHONE NUMBERS: (1) \_\_\_\_\_

(2) \_\_\_\_\_

LIST ANY MEDICAL DIFFICULTIES WHICH ARE BEING TREATED: \_\_\_\_\_

\_\_\_\_\_

LIST ANY MEDICINES OR SUBSTANCES TO WHICH YOU ARE ALLERGIC: \_\_\_\_\_

\_\_\_\_\_

LIST ANY PREVIOUS OPERATIONS OR SERIOUS ILLNESSES: \_\_\_\_\_

\_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING: \_\_\_\_\_

\_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY #: \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_ SUBSCRIBER PHONE #: \_\_\_\_\_

SUBSCRIBER EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SUBSCRIBER WORK #: \_\_\_\_\_

*Participant's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Parent/ Guardian's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Please complete information form on reverse side)**

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