



# CAMP PARTICIPANT FORM

Group Leaders: Bring ONE notarized copy of this document to registration. Keep a photocopy for yourself to have with you in case of emergency.

Camp Location/Date: Wake Forest University June 24-28, 2019

## CHURCH INFORMATION

Name of Church: Stockbridge First United Methodist Church

Group Leader: Chad A. Lovcks

Church Address: 4863 N. Henry Blvd. City: stockbridge ST: GA ZIP: 30281

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Completed (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

## MEDICAL AND INSURANCE INFORMATION

Generally, participant's health is: (Check One)  Excellent  Good  Fair  Poor

If fair or poor, please explain: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**In consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian):**

**A. Permission For Medical Treatment:** Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

**B. Acknowledgement and Permission:** Hereby acknowledge that any activity involves the potential for contact with someone other than camp staffers (i.e. employees at a non-LifeWay sponsored event, church volunteers, etc.), **I further acknowledge that if Participant is attending a camp with:**

- 1. Construction Activities**, that those may include but are not limited to 1) painting, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site, climbing ladders, nailing nails, scraping paint, carrying heavy building supplies and serving each day in sometimes extreme summer temperatures, 2) travel to and from each worksite, and 3) **PARTICIPANTS AGE 16 AND OLDER MAY ENGAGE IN ACTIVITIES INCLUDING OPERATING POWER TOOLS AND WORKING ON SLOPED ROOFS.**





2. **Recreation Event Activities** that those may include but are not limited to 1) initiative games, high and low challenge courses, outdoor education, paintball, aquatics (including beach activities where applicable) , 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.
3. **Mission Event Activities** that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care, 3) experiencing uncomfortable group dynamics.
4. **International Mission Event Activities** that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care 3) political instability in mission location, 4) traveling long distances in remote settings, and 5) experiencing uncomfortable group dynamics.

**C. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

**D. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless LifeWay Christian Resources of the Southern Baptist Convention ("LifeWay"), the venue, church, project and event sponsors and state conventions as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the project and/or event, as applicable.

**E. Understanding.** Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

Complete and sign below (Consent by a parent or guardian is required for those under the age of majority which varies by state. For example, in Alabama and Nebraska consent is required for those under 19 years of age).

Participant's Signature: _____	Date: ____/____/____
Parent/Guardian Signature: _____ <i>(if Participant is a minor)</i>	Phone: (____) _____ Date: ____/____/____

**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

