

2019 WAIVER & RELEASE



Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) or facilitated by SSBCC staff off campus, may be asked to have a signed and witnessed or notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by a Parent/Guardian and witnessed or notarized, and must be presented at event check-in.

Event Information					
Event Name:	Student Life Camp			Event Date:	6/8 - 6/12
Church / Organization Name:	FBC Marianna				
City:	Marianna	State:	FL	Phone:	850 526-4200
Participant Information					
Participant Name:				Age:	
Address:					
City:		State:		Zip:	
Parent / Guardian:					
Home Phone:		Cell Phone:			
Email Address:					

Consideration: Acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Photograph/Video 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 of me (and or my child) and to be used in promotional materials. I also hereby release SSBCC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Release and Indemnity: Acknowledge and agree that I release and forever hold harmless Shocco Springs Baptist Conference Center (SSBCC) 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 the events and/or while on property leased or owned by SSBCC. 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.

Assumption of Risk: The staff at SSBCC strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. The staff is committed to providing a rewarding experience with safety as our highest priority and have worked diligently to minimize risks involved. However, there are inherent risks to participation in recreation activities including but not limited to, initiative games, high and low challenge course, outdoor education, bazooka ball, paintball, team sports, hiking trails, trail buggies, go-carts, golf carts, segways, and aquatic activities. Participants will be provided proper gear for all SSBCC facilitated activities. You or your child could experience any of the following: elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending, unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your back and shoulders, riding electrical/gas powered equipment, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

(See SSBCC Recreation Activities Descriptions at www.shocco.org/recreation for full details)

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Medical Emergency: In the event of injury or a medical emergency, I understand that the group's leader, not SSBCC staff, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC events.

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.

Complete and sign below (Consent by a parent or guardian is required for those under the age of 19).

Parent or Guardian (For Participant Under 19 years of age)		Participant (19 years of age and over)	
Signature:		Date:	
Printed Name:		Relationship to participant:	

Witness (Required if not notarized)			
I witnessed the participant / guardian listed above sign the above waiver and release.			
Witness Signature:		Date:	
Witness Printed Name:		Relationship to participant:	
Address:			
City:	State:	Zip:	

Notary Information			
The State of:		The County of:	
Before me, a Notary Public, on this day personally appeared:			
Known to me, or proved to me on the oath of:			
to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this:			
	day of	A.D.	
<i>Month</i>		<i>Year</i>	
Notary Public Signature		My Commission Expires:	



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: _____

CHURCH INFORMATION

Name of Church: _____

Group Leader: _____

Church Address: _____ City: _____ ST: _____ ZIP: _____

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: _____



FIRST BAPTIST CHURCH
2897 GREEN STREET
MARIANNA, FLORIDA 32446

MEDICAL RELEASE AND PERMISSION TO TREAT FORM
(A copy of the front and back of the appropriate Insurance card(s) must be attached to this form).

Last Name _____ First _____ Middle _____ Sec (M/F) _____ Date of birth _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____
*****IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING, IN THE ORDER LISTED*****

1. Name _____ Relationship _____ Work Phone _____ Home Phone _____ Cell Phone _____
2. Name _____ Relationship _____ Work Phone _____ Home Phone _____ Cell Phone _____

Parent/Guardian Information:

1. Name _____ Relationship _____ Work Phone _____ Home Phone _____ Cell Phone _____
Street _____ City _____ State _____ Zip _____
2. Name _____ Relationship _____ Work Phone _____ Home Phone _____ Cell Phone _____
Street _____ City _____ State _____ Zip _____

Please supply ALL of the following information AND attach a copy of your insurance card.

Medical Insurance Company _____ Group # _____ Policy # _____

Company Address _____ Phone # _____

City _____ State _____ Zip _____

Family Physician Name _____ Office Phone No. _____

Address _____

Other Physician Name _____ Office Phone No. _____

Address _____

Physical Limitations (Allergies, asthma, diabetes, drug allergies, rare blood type, wears contact lens, and/or special instructions:

List all surgeries/serious injuries within the past five (5) years: _____

PLEASE CONTINUE ON THE REVERSE SIDE OF THIS FORM

Emergency Authorization—Medical Power of Attorney and Release

I, _____, hereby acknowledge and state that the Health History on the reverse side of this form is correct so far as I know, and that the person herein described has permission to engage in all prescribed activities, except as noted.

I further state under oath that I am the parent or guardian of _____ ("my child"), and unless I otherwise state in writing, I hereby give permission for my child to participate in events and activities conducted, sponsored, organized and/or participated in, by First Baptist Church of Marianna. As an integral part of such permission, I recognize that the First Baptist Church of Marianna is a nonprofit organization whose purpose is to share the Gospel of Jesus Christ and is not in the business of providing entertainment events and activities for children and youth.

In the event my child is injured or becomes ill during a First Baptist Church of Marianna event or activity, I understand that every effort will be made to contact a parent or guardian in the order listed on the reverse side of this form. In the event that contact with a parent or guardian cannot be made in a timely manner, I authorize the accompanying staff or chaperone of First Baptist Church to release all known and available medical information to the treating medical facility or doctor. I further give permission to medical personnel selected by First Baptist Church staff accompanying my child, or their designee to order x-rays, and tests, secure proper treatment and hospitalization, order injections and/or anesthesia and/or surgery for my child as may be deemed necessary.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreational and other activities related to youth functions.

(Initials) _____ I authorize agents of First Baptist Church of Marianna to provide legal representation for my son or daughter in the event that any legal representation may be needed. I also agree that the above mentioned church representatives are to exercise authority regarding my child's behavior and conduct. I have explained to my child that he/she is fully under the church representative's authority during church activities when I am not present.

I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity. Signed this _____ day of _____, 20____.

Unless otherwise canceled or terminated in writing, the authorizations given above shall remain in effect for one year from the above date.

Signature of Parent or Guardian

Student Signature (if over age 18)

Notary Public

State of Florida
County of Jackson

The foregoing instrument was acknowledged before me this _____ (date) _____, who is personally known to me or who has produced _____ (Name of Person acknowledging) _____ as identification and who did (did not) take an oath. _____ (Type of Identification)

Notary Public

(Name of Notary, typed, printed or stamped)
Commission No. _____
(Seal Above)