

Release and Waiver of Liability Agreement

CARMEL BAPTIST CHURCH – CARMEL STUDENT CAMP

In exchange for participation in **Carmel Student Camp** organized by **Carmel Baptist Church** ("Carmel") of 1145 Pineville Matthews Road, Matthews, North Carolina, 28105 and/or use of the property, facilities and services of Carmel and Crowder's Ridge, I agree for myself and (if applicable) for my children, to the following:

I recognize that participation in **Carmel Student Camp** necessarily includes a trip to Crowder's Ridge in Gastonia, North Carolina, which is a facility that is neither owned nor operated by Carmel.

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Crowder's Ridge, Carmel, and their employees, representatives or agents.

I recognize that (my, my child's) participation in the activities of **Carmel Student Camp** involves certain inherent risks, dangers and hazards of property damage and personal injury, illness or even death, including but not limited to the possible risks arising from transportation-related activities, recreational activities, accidents in the outdoors, adverse weather conditions and injuries and illness as a result of foodborne illnesses and allergic reactions. I assume all risks of (my, my child's) participation in **Carmel Student Camp**, whether such risks are known or unknown to me at this time and hereby waive any all claims that I or my child may have against Carmel and their employees, representatives or agents. I assume full responsibility for personal injury to myself and my family members, and further release and discharge Carmel, and its employees, representatives or agents, for injury, loss or damage arising out of my or my family's participation in **Carmel Student Camp** whether caused by the fault of myself, my family, Carmel or other third parties.

I agree to inform Carmel in writing of any special circumstances that may affect my (child's) ability to participate fully in the above described activity, including but not limited to issues regarding behavioral, psychological, medical, dietary, allergy or physical conditions. Specifically with regard to dietary and allergy restrictions, I understand that Carmel cannot guarantee that any food item provided during **Carmel Student Camp** is allergen free. I agree to complete a Medication Authorization Form, submit a physician-prescribed action plan for all life-threatening allergies or health conditions and provide my (self, child) with all necessary medications to last during the entire stay.

I agree to indemnify and defend Carmel against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my child's use of or presence upon the facilities of Carmel or Crowder's Ridge.

I agree to pay for all damages to the facilities of Carmel or Crowder's Ridge caused by my or my family's negligent, reckless, or willful actions.

I give my consent and permission for the taking of photographs and/or video of my (self, child) during the described event and waive and/or assign any and all rights (including copyright) for use in various media including website and camp DVD.

I consent to the participation of my (self, child) _____
(print full legal name) in **Carmel Student Camp**, and agree on behalf of myself or the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of (child's name) _____.

In the event of any injury to myself or to the above minor during participation in **Carmel Student Camp**, I give my permission to Carmel or to the employees, representatives or agents of Carmel to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on June 12, 2018 and will remain in effect until terminated in writing by the undersigned or July 16, 2018 at 12:00pm, whichever occurs first. Carmel shall have the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital.
- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
- c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

Parental Agreement:

I give my child permission to attend the 2018 **Carmel Student Camp**, and to participate in all camp related activities. ____ (initial here)

I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY. BY SIGNING IT, I AGREE TO RELEASE AND DISCHARGE CARMEL BAPTIST CHURCH FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES AND WRONGFUL DEATH RELATING TO MY/MY CHILD'S PARTICIPATION IN ANY OF THE ACTIVITIES RELATED TO THE 2017 CARMEL STUDENT CAMP.

Dated: _____

Signature: _____

Print Name: _____

Address: _____

Home Phone #: _____ Cell Phone # _____

**Carmel Baptist Church
Release & Consent Agreement for Youth
Valid September 1, 2017 — August 30, 2018**

We, the undersigned participant and parent and/or legal guardian, for ourselves, our heirs, executors and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE any and all claims for damages which the participant may have or which may hereafter accrue to the participant against CARMEL BAPTIST CHURCH, its members, officers, agents, representatives, successors and/or assigns, individually and collectively, for any and all loss, injury or damage which may be sustained and suffered by the participant in connection with his/her association with CARMEL BAPTIST CHURCH or arising out of traveling with, participating in or returning from any activity sponsored by CARMEL BAPTIST CHURCH (the "Church Activity").

We do hereby authorize any of the designated adults monitoring the Church Activity on behalf of CARMEL BAPTIST CHURCH to contact a physician for the participant and/or to dispense over-the-counter medications to the participant, if necessary. We also authorize such designated adults to consent to medical care necessary for the participant's well-being, including x-ray examination, anesthetic, medical or surgical procedures or treatments and/or hospital care as advised by the participant's physician and/or surgeons in the event that a parent/legal guardian or emergency contact cannot be reached. We further authorize such designated adults to share the Medical History Form attached to this Release and Consent Agreement with CARMEL BAPTIST CHURCH employees, agents and members, as necessary, and to medical personnel for purposes of treating the participant.

We hereby grant Carmel Baptist Church the absolute right and unrestricted permission to take photographs and/or video of the participant during a Church Activity and to use and distribute such photographs and/or video for purposes of marketing, publicizing activities of the church or for any other lawful purpose. Photographs or video of the participant may be used in printed publications, multimedia presentations, on websites or in any other distribution media.

WE HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE AND CONSENT AGREEMENT AND FULLY UNDERSTAND THAT WE HAVE KNOWINGLY GIVEN UP LEGAL RIGHTS BY VOLUNTARILY SIGNING IT.

*Participants SS # _____

Participant's Name: _____

(Please Print) Last First Middle

Address: _____
 Street City/State/Zip

Parent Phone: _____ Student Phone: _____

In the event parents cannot be reached, please call: _____

Relationship: _____ Phone: _____

Insured Person's Name: _____ Insurance Company: _____

Policy Number: _____ Name of Physician: _____

****Your child's social security number is OPTIONAL. If your child has to go to the hospital, the hospital will bill your insurance company if you have their social security number; if you don't have the social security number the hospital will bill you and you will submit the bill to your insurance company.***

PLEASE COMPLETE THE STUDENT HEALTH AND MEDICAL FORM ATTACHED TO THIS DOCUMENT.

Participant's Signature: _____

Signature of Parent or Guardian: _____

Student Name:

Student Health and Medical Forms

Medical History – Medication Allergies

Student is allergic to Amoxicillin

Yes **No**

Student is allergic to Ibuprofen

Yes **No**

Student is allergic to Penicillin

Yes **No**

Student is allergic to Tylenol

Yes **No**

Student is allergic to another medication

Yes **No**

Explain:

Medical History - Allergy History

Student is allergic to insect stings

Yes **No**

Explain:

Student is allergic to Shellfish, Eggs, Milk, or Peanuts

Yes **No**

Explain:

Student is allergic to other foods

Yes **No**

Explain:

Student is allergic to Poison Ivy, Poison Oak, or Sumac

Yes **No**

Explain:

Medical History - Medications

* Students are responsible to take their own prescription medications

Please indicate if your student is currently taking any medication or will be taking medications during an event.

Yes **No**

If so, please describe:

Medical History - Health History

Asthma

Yes **No**

Has your student been hospitalized in the last year?

Yes **No**

Blood Disorders

Yes **No**

Physical Disability (muscular/coordination)

Yes **No**

Blind / Legally Blind

Yes **No**

Celiac Disease

Yes **No**

Eczema

Yes **No**

Seizure Disorder

Yes **No**

(Previous) Back or Neck injury

Yes **No**

Other medical concerns

Yes **No**

Explain:

PARTICIPANT FORM



Please Print all Information.

Participant's Name: _____

Group Name (if applicable): _____

Camp Date: _____

Contact Email: _____

Assumption of Risk. I am aware of the risks associated with participation in the above event 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.

Recreation- The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staff are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics. You 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 backs and shoulders, 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. For more detailed information about the recreation programs offered at Crowder's Ridge Camp, call our camp office.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release 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. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Affirmation. Participant affirms that he/she has not been convicted of nor received a deferred adjudication for: a misdemeanor or felony under any state or federal statute regarding crimes against persons, sexual offenses, or violent offenses under the "Participant Name" submitted on this document or any other name or alias.

Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Participant's Signature: (only if 19yrs of age or older) _____ Date: __/__/__

Parent/Guardian Signature: _____ Date: __/__/__

MEDICAL FORM

Group Leaders: Bring ONE notarized copy of this document to registration (in a binder - A-Z) and keep a photocopy for yourself to have with you in case of emergency at camp. You are responsible for a photocopy of insurance card (front & back) for your own purposes. *INDV Campers must bring this form and a photo copy of insurance card (front & back) with you at Registration.*

GROUP INFORMATION (NOT FOR INDV'S)

Name of Church: _____ Group Leader: _____
Group Leader's cell # at camp: (____) _____

ALL CAMPER'S INFO

Participant Name: _____ Age: _____ Date of Birth: ___/___/___
Grade Completed (campers only): _____
Address: _____ City: _____ ST: _____ ZIP: _____
In case of an emergency notify: _____ Relationship to participant: _____
Phone Numbers - Home: (____) _____ Work: (____) _____
Mobile: (____) _____ Other: (____) _____

MEDICAL PROFILE

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

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach Upset | <input type="checkbox"/> Hay Fever |
- _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ___/___/___

If a camper requires medical attention while at camp, the camper is responsible for the cost. If the camper does not have insurance the sponsoring church will be the financially responsible party.

Permission, Acknowledgements, Release, Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used for promotional purposes. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Crowders Ridge Camp and Now Outreach, the Church, ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Sign: _____

Date: ___/___/___