SUPER SUMMER Release Form

Group Leaders: Bring **ONE notarized copy** of this document to registration and keep a **photocopy** for yourself to have with you in case of emergency at camp. **Attach a photocopy of insurance card.**

Participant Information:

Name_____Age_____

Date of Birth:_____/_____/_____Grade Completed (students only): _____

Address:_____City:_____ST_____ZIP_____

In case of an emergency notify:_____Relationship to camper :_____

Phone Numbers-Home:(__)_____Work(__)_____Mobile:(_)_____Other:(__)_____

Church Information:

Name of Church:_____

Group Leader:_____Group Leader's cell # at Camp: (_____)_____

Church Address:_____City:_____ST:____ZIP: _____

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: ☐ Asthma ☐ Sinusitis ☐ Bronchitis ☐ Kidney Trouble

☐ Heart Trouble ☐ Diabetes ☐ Dizziness ☐ Stomach Upset ☐ 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:____/_____/_____

Family Physician_____Phone:(_____)_____

Insurance Co._____Policy #: _____

Subscriber Name:_____Subscriber Number:_____Work Phone (_____)_____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

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):

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 in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge the Florida Baptist Convention, Lake Yale Baptist Conference Center, the Church, camp or event sponsors, Lifeway Christian Resources of the Southern Baptist Convention, Common Grounds, and their employees ("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.

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 staffs are trained and as a team committed to your rewarding experience with safety as their highest priority However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge rope 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.

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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 portions 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/arbitration organization for binding resolution.

Copy to Camp Venue. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

The undersigned acknowledges that the Florida Baptist Convention and other Super Summer leadership/staff are taking all reasonable steps to clean and sterilize the facilities in order to prevent the spread of the COVID-19 virus (or any other communicable diseases). However, regardless of any steps taken to curb the spread of COVID-19, any gathering in public and/or use of public space carries with it the potential for infection. Therefore, the undersigned agrees to hold the Convention and Super Summer harmless from any claims related in any way to COVID-19. Specifically, the undersigned shall hold-harmless the Convention (including its officers, directors, and other affiliated parties) against any and all claims, liabilities, losses, fines, penalties, damages, costs and expenses, including reasonable attorneys fees and other costs of litigation, arising of damage or loss of any kind (including, but not limited to, injury or death to any person) as a result of the undersigned's participation in the Super Summer event. This covenant to hold the Convention harmless expressly includes any claims, causes of action or threats of claims, related in any way to COVID-19. The undersigned agrees and acknowledges that this hold-harmless provision is necessary and crucial to the Convention's decision to allow the undersigned (or their minor child) to participate in the Super Summer event.

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

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Complete and sign below (Consent by a parent or guardian is required for those under the age of 18.

Participant's Signature: _____ Date: ____/_____/____

Parent/Guardian Signature: _____ 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 that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Notary signature:_____My commission expires:_____

Place notary stamp or seal here.