

CEDAR GROVE RETREAT

Camper Medical/Liability/Media Release Form

Description of Activities: Paintball, High Ropes Course, Low Ropes Course, Climbing Wall, Boating, Basketball, Volleyball, Bonfire, Swimming, Field Games, Disc Golf, Inflatable Water Equipment, Aqua Jump, Aqua Launch, and General Camp Activities.

Sponsoring Church or Organization _____

Date(s) of event _____

Participant Information (To be completed by participant or authorized guardian)

Name of participant: _____ Date of Birth: ____/____/____

Home Telephone: _____ Cell Phone: _____

Emergency Contact _____ Phone number _____

Is sponsor authorized to approve medical treatment? _____ Yes _____ No

Is participant covered by personal/family medical insurance? _____ Yes _____ No

Insurance provider and policy number _____

Please list all medications the participant is currently taking _____

Please list all medical conditions that the participant has _____

General Participation Agreement

In consideration for the opportunity to participate in the above activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent / guardian) promises to indemnify, defend, and hold harmless First Assembly of God and Cedar Grove Retreat or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Media Release

Photographs and/or video and sound recordings of you may be made during your time at Cedar Grove Retreat. You authorize the use of such material by Cedar Grove Retreat and Concord First Assembly for its purposes.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)

Print Name of Parent or Guardian if participant is a minor: _____

Carmel Baptist Church
Release & Consent Agreement for Youth
Valid September 1, 2019 — August 30, 2020

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: