



Participant Form

* Bring two notarized originals of this sheet to registration*

Attach a photocopy of health insurance form or card

Participant Name _____ Age _____ Date of Birth ____/____/____
 Address _____ City _____ St _____ Zip _____
 Name of Church/Sponsor _____
 Address _____ City _____ St _____ Zip _____
 In case of an emergency notify: _____ Phone Numbers – Home (____) _____
 Work (____) _____ Mobile (____) _____ Pager (____) _____ Other (____) _____

Medical Profile

Generally, Participant’s health is: (check one) Excellent _____ Good _____ Fair _____ Poor _____
 If you have listed Participant’s health condition as Fair or Poor, please explain the nature of Participant’s condition: _____

List any medical issues for which Participant is currently being treated: _____

List any medications Participant is currently taking: _____

List any medicines or substances to which Participant is allergic: _____

List any of Participant’s previous operations or serious illnesses or injuries _____

List any medicines that Participant should NOT take: _____

List any special diet or other special needs of Participant: _____

List Participant’s Childhood Diseases: Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____

Other _____ Date of Tetanus Immunization: ____/____/____

List any other medical conditions that a treating physician should know about Participant: _____

Family Physician _____ Phone (____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____

Subscriber Employer _____ Work Phone (____) _____

Permission, Acknowledgements, Release, Indemnity

I, the undersigned Parent/Guardian and Participant, as applicable, hereby:

A. Permission For Medical Treatment: Grant my permission for the camp or event director, church or Sponsor 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, as applicable, including transporting me or my minor child, as applicable, 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 me or my minor child, as applicable, as necessary.

B. Recreational Activities Acknowledgement and Permission: Acknowledge that (a) many of the available programs and recreational activities, particularly including but not limited to (as applicable, in season), mountain biking, horseback riding, snow-tubing, paintball shooting and challenge course games, have inherently dangerous elements and involve risks that may cause hypothermia, dehydration, heat exhaustion, heat stroke, broken bones, strains, sprains, cuts, scrapes, bruises, concussions heart attacks and even death; (b) specific dangers related to horseback riding include but are not limited to the unpredictable nature, behavior and movements of the horse,

changes in terrain and weather, and collisions with other horses, persons or objects; (c) and there are other risks and dangers inherent in such activities as well as in the training for, participation in, and travel to and from such activities; (d) in the paintball games, paintballs will be fired at Participant at a high velocity; (e) if safety equipment, such as goggles, helmets and ear protection, are not worn at all times, the risk of serious injury increases dramatically; (f) Participant assumes all of the aforesaid risks; (g) it is the sole responsibility of each Participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations and training; (h) Participant's participation in such activities constitutes an acknowledgement that Participant understands the rules of participation and will comply with all rules and regulations; and (i) if Participant observes any unusual or unnecessary hazard during his or her participation, Participant will bring such hazard to the attention of the nearest official or camp leader as soon as practical.

C. Photograph/Video Acknowledgement and Permission: Acknowledge that there may be photographs taken or videotaping during normal camp or event activities, and these photos/videos may be used in promotional materials. 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, in consideration for Participant's ability to participate in the event(s) identified herein, I do for myself (or for and on behalf of my minor child, under 18 years of age, as applicable) release and forever hold harmless the directors, officers, employees, agents, contractors and affiliates of LifeWay Christian Resources of the Southern Baptist Convention ("LifeWay"), the camp and event sponsors and state conventions (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 camp or event and/or while on property leased or owned by LifeWay. I further assume full personal responsibility for any loss of or damage to property incurred or caused by me or my minor child or by any other cause. 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, sickness and death as well as property damage and expenses of any nature whatsoever incurred or caused by 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 camp and/or event, as applicable.

Signatures (Participants under 18 years of age require Parent/Legal Guardian signature)

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

Parent/Legal Guardian's Signature _____ Date: ___/___/___ Phone () _____

Certificate of Acknowledgement of Notary Public

State of _____)
) ss
County of _____)

I, the undersigned, a notary public, whose commission by the above state expires on _____, do hereby certify that the above named signatory(ies), determined by me to be the same person(s) whose name(s) is(are) subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged having signed said instrument as the free and voluntary act of said signatory(ies) for the uses and purposes therein set forth. This certification is given under my hand and Notarial Seal this ___ day of _____, 20__.

Notary Public