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

CROWDERS RIDGE

Group Leaders: Bring ONE 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. Individual Campers must bring this form and a photo copy of insurance card (front & back) to Registration.

Group Information (not for Individual Campers)

Name of Church: _____

Group Leader: _____

Group Leader's cell # at camp: (_____)

Camper Information

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:

☐ Dizziness ☐ Heart Trouble ☐ Bronchitis ☐ Hay Fever ☐ Kidney Trouble

☐ Sinusitis ☐ Stomach Upset ☐ Diabetes ☐ Asthma

_____

_____

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:** ____/____/____