



GRACE KIDS CAMP MEDICAL RELEASE

June 7-11, 2021

Camper's Name _____

Birthdate _____ Grade _____

Address _____

Parent/Guardian's Name _____

Cell Phone/Emergency # _____

Medical Information

Family Physician _____

Clinic _____ Phone _____ Emergency Phone

Insurance Company _____ Policy #

Member's Name _____

Ins. Company Phone _____

Allergies _____

Medications to be taken

Medical Conditions _____



Medical and Surgical Waiver

Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to Grace Baptist Church/CentriKids staff, its representatives, sponsors, or attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I understand that every attempt will be made to contact me in the event of an emergency. I, the undersigned parent and legal guardian of the above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Grace Baptist Church/CentriKids, or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks, and dangers, including negligence, damages, liabilities, arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume any financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

Signature of Parent or Guardian

Date

**State of Tennessee, County of _____ sworn
to and subscribed before me this _____ day of
_____.**

Notary Public for Tennessee

Commission Expires _____



SEAL



2021 CAMP PARTICIPANT FORM

Group Leaders: **one notarized copy** of this document is required to attend camp. Keep a **photocopy** for yourself to have with you in case of emergency.

Camp Location/Date: _____

Church Information:

Name of Church: _____

Group Leader: _____ Group Leader's Cell #: (_____) _____

Church Address: _____ City: _____ ST: _____ ZIP: _____

Participant Information:

Name: _____ Age: _____ Date of Birth: ___/___/___

Grade Completed (if applicable): _____

Address: _____ City: _____ ST: _____ ZIP: _____

Emergency Contact: _____ Relationship to Participant: _____

Phone Numbers - Home: (____) _____ Work: (____) _____ Mobile: (____) _____ Other: (____) _____

Medical and Insurance Information:

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

If Fair or Poor, please explain: _____

List any medical difficulties which are currently being treated: _____

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

List any medications you are currently taking: _____

List any special diet or special needs (Group Leader should note this on housing list): _____

Date of Tetanus Immunization: ___/___/___

By signing below, I verify that I/my child am/is current on immunizations or exempt for reasons of moral conscience.

Family Physician _____ Phone: (____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Work Phone: (____) _____

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):

A. Permission For Medical Treatment: Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant 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 Participant, as necessary.

B. Acknowledgement and Permission: Hereby acknowledge that any activity involves the potential for contact with someone other than camp staffers (i.e. employees at a non-Lifeway sponsored event, church volunteers, etc.). I further acknowledge that if Participant is attending a camp with:

- 1. Recreation Event Activities** that those may include but are not limited to 1) initiative games, high and low challenge courses, outdoor education, paintball, aquatics (including beach activities where applicable), 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.

- 2. Mission Event Activities** that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care, 3) experiencing uncomfortable group dynamics.

C. Photograph/Video Acknowledgement and Permission: Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

D. Covid-19: I acknowledge it is my responsibility to ensure that myself and/or the minor listed above engage in all safety measures suggested or required by the Centers for Disease Control (CDC) and applicable local ordinances or state law concerning COVID-19. In addition, if at any time I believe that conditions are unsafe or that the minor listed above is unable to participate due to physical or medical conditions, then I will immediately discontinue their participation. I understand that despite diligent hygiene measures and compliance with the law, there is no guarantee that infectious transmission will not occur.

E. Release and Indemnity: Acknowledge and agree that I release and forever hold harmless Lifeway Christian Resources of the Southern Baptist Convention ("Lifeway"), the venue, church, project and event sponsors and state conventions as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (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 project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. 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 or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of 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 project and/or event, as applicable.

F. Understanding. Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases 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, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

G. In expectation of continuing COVID concerns, a "2021 Camp Health Questionnaire" will be provided online and emailed to Group Leaders by April 15th to be completed for each participant prior to arrival at camp.

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 majority which varies by state. For example, in Alabama and Nebraska consent is required for those under 19 years of age).

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

Parent/Guardian Signature: _____ Phone: (____) _____ Date: ____/____/____
(if Participant is a minor)

NOTARY ACKNOWLEDGEMENT

The State of _____ the 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 of _____ that the foregoing is true and correct. Witness my hand and official seal.

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: _____

