

Sugar Creek Baptist Church LYF Participation Agreement & Waiver

Name of Camp Participant _____

I am above the age of 18 and am signing this agreement as the camp participant.

I, _____, am the parent/legal guardian of the camp participant, a minor. I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Sugar Creek Baptist Church Student Ministry Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the camp. I understand the foregoing activities and other events, hazards or exposures connected with the camp and the indoor and/out door activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following? If yes, please describe.

1. Recent serious injury: Y __ N __ _____
2. Recent surgery: Y __ N __ _____
3. Allergies to medications: Y __ N __ _____
4. Food Allergies: Y __ N __ _____
5. Asthma: Y __ N __ _____
6. Do you take any medications regularly? Y __ N __ _____
7. If yes, will you have these with you? Y __ N __ _____
8. Date of last Tetanus Shot _____
9. Add any other necessary medical information: _____

(Attach separate sheet if needed)

Insurance Information:

1. Medical Insurance Company: _____
2. Plan or Group Number: _____
3. Insured Name: _____
4. Insured I.D. # or Member #: _____
5. Insurance Company Phone Number: _____
6. Insurance Company Address: _____

*You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my or my child's physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Sugar Creek Baptist Church Student Ministry Camp. In case of the illness of my child, Sugar Creek Baptist Church Student Ministry Camp will try to notify whoever is listed as the emergency contact person. In the event there a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Sugar Creek Baptist Church to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Sugar Creek Baptist Church Student Ministry staff or any attending physicians to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS SUGAR CREEK STUDENT MINISTRY CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MY CHILD DURING HIS/HER STAY AT SUGAR CREEK BAPTIST CHURCH STUDENT MINISTRY CAMP.

In consideration for being permitted to attend Sugar Creek Baptist Church Student Ministry Camp and participate in the activities conducted at Camp. I, on behalf of myself, my child, my legal representatives, heirs and assigns, *do hereby release, waive, and forever discharge Sugar Creek Baptist Church Student Ministry Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Sugar Creek Baptist Church Student Ministry Camp, whether by negligence or not.*

I, personally, and on behalf of my child (if child is the camp participant), hereby give Sugar Creek Baptist Church Student Ministry permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____
Adult Participant or Parent/Guardian Signature

Printed Name and Address of Signatory:

DATE: X _____