

Concord Baptist Association Children's Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child(ren), _____, to participate in the Concord Baptist Association Children's Camp.

I understand that camp activities could include play and outdoor activities around and near the Camp Rising Sun campground, caves, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks and transportation to and from activities on association approved vehicles such as 15-passenger van or bus. I also understand that outdoor activities may occur in the hot sun and in the rain.

In the event of illness, injury, and/or accident, I authorize the Concord Baptist Association Children's Camp Director to seek emergency medical treatment on the behalf of my minor child(ren). In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. If I, nor the emergency contacts provided can be reached, I give the physician selected by the camp authorization of provide necessary medical treatment for my minor child(ren). I agree to pay any necessary expenses not covered by Concord Baptist Association accident policy incurred in the medical treatment of my child(ren), including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Concord Baptist Association Children's Camp may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property because of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child(ren). I hereby assume these risks and, knowing them, hereby give my child(ren) permission to participate. I understand that the Concord Baptist Association is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Concord Baptist Association camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child(ren) may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Concord Baptist Association, its board, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity.

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Concord Baptist Association, its board, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Concord Baptist Association, its board, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or

causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Signature of Custodial Parent/Guardian

Date: _____

Relationship to Camper:

Photo/Video Media Release

During camp, your child may be included in photographs or video footage of camp activities taken by CBA staff or its volunteer leaders. These photos/videos are used by campers, leaders, and participating churches to remember the week, reporting to the associational churches about the week, as well as promotional materials for the following year's camp.

I agree to allow (list child/children's names)

_____ photo or video likeness to be used for any legitimate purpose by the Concord Baptist Association and its volunteer leaders in print or digital media. This may include social media, Association newsletter, website and a camp recap video that will be available to the participating churches.

I do not agree to allow (list child/children's names)

_____ photo or video likeness to be used by the Concord Baptist Association or its volunteers for publication in print or digital media.

Signature of Custodial Parent/Guardian

Date: _____

Relationship to Camper(s):
