

# SBT CAMP PARTICIPATION AGREEMENT

## SBT Kids Camp, \$50 / June 11th - June 13th, 2021 REGISTRATION / MEDICAL RELEASE / CONSENT

Hosted By: Southland Baptist Temple, 927 Yarbro Lane, Paducah, KY 42003, (270)444-9678

SBT Kids Camp includes 3 days of lessons, games, and activities for elementary students.

### **Participant Information** (To be completed by participant or authorized guardian)

Name of camper: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian email addresses: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Telephone (Day): \_\_\_\_\_

Telephone (evening): \_\_\_\_\_

- **Health History & Medical Information**

List allergies or medical conditions: \_\_\_\_\_

Does your child take regular medication? If yes, what kind(s) and for what conditions?  
\_\_\_\_\_

Restrictions to any activity? \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No (If yes, please attach copy of card)

If yes, name of insurer: \_\_\_\_\_

Policy and/or group number: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Has your child had behavioral problems at school? If yes, explain: \_\_\_\_\_

- **Authorization for Administration of Medication**

I hereby give permission to the Camp Director/Staff to administer all prescription and non-prescription medications for my child. I understand that all prescription medication MUST be accompanied by instructions regarding proper administration.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following is a list of non-prescription medication which I do NOT want administered to my child:  
\_\_\_\_\_

(please complete both sides of form)

• **Head Lice and Health Readiness**

Due to recurring outbreaks of head lice in our schools, please be sure to check your child for head lice a few days before camp, treating your child if you have any reason to think that head lice might be present.

DO NOT send your child to camp if he or she displays any symptoms that you think might be contagious. Camp, like school, is the ideal place to spread germs to other children. Please be considerate of those children and their families.

*Lice checks will take place at check in on the day we leave for camp.*

**Camper Initial:** \_\_\_\_\_

**Parent/Guardian Initial:** \_\_\_\_\_

- *I agree and understand that this is church camp and we will be focused on God.*
- *CELL PHONES and other electronic devices are not permitted, and this will be enforced.*

**Camper Initial:** \_\_\_\_\_ **Parent/Guardian Initial:** \_\_\_\_\_

• **Bag Checks**

For the safety and security of all campers, no weapons, drugs or tobacco products are permitted at camp. Bag checks will take place prior to leaving for camp as well as at the discretion of camp leaders at any time during camp.

*I (parent/guardian)\_\_\_\_\_ give my consent to Southland Baptist Temple and their designated representatives to search (child's name)\_\_\_\_\_ luggage. I give my consent for any search deemed advisable of my child's luggage while at camp. No student will be allowed to attend without consent.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Camper Initial:** \_\_\_\_\_

• **Participation Agreement & Consent**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Camp"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Camp. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Camp or during transportation to and from the camp, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Camp Sponsor for any injury arising directly or indirectly out of the described Camp or transportation to and from the Camp, whether such injury arises out of the negligence of the Camp Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Camp Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

*The undersigned hereby give their consent to the Sponsor to photograph or video Participant during normal activities and to use such images in promotional materials used by Sponsor.*

**Participant/Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE RANCH**

**Informed Consent, Release, Indemnity**

**& Hold Harmless Agreement**

**FACILITIES AND ANY ACTIVITY FOR PARTICIPANT, YOUTH AND USERS OF THE RANCH**

I for myself (or as the parent or guardian of the youth participant), understand that participating in activities at THE RANCH, Ballard County, Kentucky offered through THE RANCH, or its affiliates by whatever name or any combination thereof (herein referred to as "THE RANCH") involves a certain degree of risk that could result in injury or death. I understand that the activities may include but not limited to swimming, canoes, Lake, Pond, waterslide, overnight stays and other indoor and outdoor activities.

In consideration of the benefits to be derived and after careful consideration of the risk involved and in view of the fact that the above THE RANCH is an organization of volunteers who have implemented certain safety procedures to which I agree for myself to comply with and consent to the rules of THE RANCH and this document; and for my youth,

(PRINT NAMES OF YOUTH - UNDER AGE 18 - TO PARTICIPATE) \_\_\_\_\_

and in further consideration of the opportunity to participate in any activity and the use of the facilities of THE RANCH, I (we) hereby release and waive any and all claims that I (we) may have against THE RANCH, its affiliates, agents, servants, employees, volunteers, officers, trustees, directors, and committee members arising from my (our) or my (our) child/children presence on the property of THE RANCH arising from participation in any activity thereupon, whether sponsored directly by THE RANCH or another organization.

I HEREBY AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS THE RANCH AND THEIR AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, AND COMMITTEE MEMBERS FROM ANY AND ALL DEMAND FOR CLAIM OR ASSERTION OF LIABILITY, CLAIMS OR ACTIONS WHICH THEY MAY PAY OR BECOME OBLIGATED TO PAY; ARISING ON OR FROM THE RANCH REAL OR PERSONAL PROPERTY, OR FROM MY (OUR) OR MY (OUR) CHILD'S OR CHILDREN'S PARTICIPATION IN ANY ACTIVITY OR FACILITY THEREUPON, OR WHETHER OR NOT ARISING FROM NEGLIGENCE OR FAULT OF THE RANCH, REGARDLESS OF IF SPONSORED BY THE RANCH OF THEIR AFFILIATES OR OTHERWISE, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, OR COMMITTEE MEMBERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF CLAIMS, COURT COSTS, ATTORNEY FEES, REASONABLE INVESTIGATION AND DISCOVERY COST, EXPERT WITNESS, AND OTHER SUMS THAT THE RANCH OF THEIR AFFILIATES WHETHER CHARTER OR OTHERWISE, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, AND COMMITTEE MEMBERS.

In case of an emergency in which I or my child is unable to communicate, I hereby give my permission to THE RANCH's personnel or volunteers in charge of such emergencies to administer first-aid and transport me (or my child) to a care unit or hospital for treatment and I hereby give my permission to the physician, care unit and /or hospital to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

PARTICIPANT, or PARENT(s) or GUARDIAN(s) OF YOUTH PARTICIPANT

DATE: \_\_\_\_\_

\_\_\_\_\_  
ADULT (18 OR OLDER) SIGNATURE or SIGNATURES

\_\_\_\_\_  
PRINT NAME or NAMES

PHONE:(\_\_\_\_) \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

*(please complete both sides of form)*