

ARMY CAMP 2017
CEDAR PARK ASSEMBLY OF GOD
MEDICAL/LIABILITY RELEASE FORM
(Please complete both sides of this form.)

Child's Name _____ Birth date _____

Address _____

City _____ Zip Code _____

Parents' Names _____

Home Phone _____ Emergency Phone _____

GENERAL MEDICAL INFORMATION

Information regarding special conditions: _____

Name and phone number of your child's doctor: _____

Known allergies: _____

Current medication(s) (including date of completion) _____

Do you know of any medications which your child **cannot** take? _____

Name and address of your medical insurance company _____

(OVER)

RELEASE; PAYMENT OF EXPENSES; MEDICAL CONSENT

1. The undersigned parent(s) or legal guardian(s) ("Parent") grants permission for their son or daughter ("Child") to participate in Cedar Park Assembly of God's 2017 A.R.M.Y. Camp Event ("Event") to be held at Cedar Springs Camp & Conference Center in Lake Stevens, Washington.
2. Parent expressly grants Cedar Park permission to transport Child to and from the event. Parent understands and accepts that surface conditions on roads, parking lots, walkways, stairs and any other area exposed to the elements of nature are subject to the deposit, melting and freezing (and refreezing) of snow, rain, sleet, hail and ice such that walking and/or driving on such surfaces may become dangerous. Parent expressly understands assumes all risks associated with transportation.
3. The Parent expressly warrants that the Child is capable of withstanding the physical demands of the activities involved at the Event, including rigorous physical activities, such as, but not limited to, outdoor and indoor sports, hiking, running and other rigorous, physically and emotionally intense activities. The Parent expressly warrants that the child is capable of activities that are physically demanding. The Parent also expressly grants permission to engage in activities such as, but not limited to, the "Jumping Pillow", which are high-impact and potentially dangerous activities that may be associated with a facility such as Cedar Springs Camp. Parent acknowledges and agrees that certain activities associated with the Event involve risks of property damage, injury or death that *no amount of care, caution instruction or expertise* can eliminate.
4. The Parent grants permission to Cedar Park and its employees and agents to seek and secure any medical attention or treatment for the Child including hospitalization, if in the agent's opinion such need arises and Cedar Park is unable to contact the Parent. The Parent gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Child's life or health.
5. The Parent agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child.
6. The Parent releases and agrees to hold harmless, defend and indemnify Cedar Park, its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of Cedar Park Assembly) that the Child or the Parent may suffer as a result of the Child's participation and/or enrollment at the Event.
7. On occasion, Cedar Park takes photographs or makes an audio or video tape recording of children involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in Cedar Park publications or advertising materials to let others know about Cedar Park's ministry. The Parent consents to the use of any such audio or visual record of the Child named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Cedar Springs Camp - MINOR 2017

WAIVER AND RELEASE FROM LIABILITY

(TO BE COMPLETED BY PARTICIPANT)

This agreement is made this _____ day of _____, 2017 between Cedar Springs Camp and _____ ("Participant")

- Subject.** Participant recognizes and expressly agrees that participating in any adventure, sport or activity associated with the out-of-doors is an inherently dangerous activity. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does Cedar Springs Camp guarantee Participant's safety.
- Waiver and Release from Liability.** Participant understands that Cedar Springs Camp assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from Participant's participation in the activity, c) as a result of another participant's or third person's actions, or d) as a result of participant's use of Cedar Springs Camp facilities, field, and/or equipment in connection with this activity. The Participant releases and agrees to hold harmless, defend and indemnify Cedar Springs Camp and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of Cedar Springs Camp) that the Participant may suffer as a result of his or her participation and /or enrollment in Cedar Springs Camp activities.
- Medical Consent.** Participant grants permission to Cedar Springs Camp and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and Cedar Springs Camp is unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes Cedar Springs Camp to give first aid, CPR or other treatment by a qualified staff member to Participant.
- Property Loss.** Participant understands and agrees that Cedar Springs Camp is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.
- Binding Effect.** This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.
- Entire Agreement.** This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.
- Acceptance.** If any portions of this waiver and release are held to be invalid, Participant agrees the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.

Photo Release: I grant Cedar Springs Camp the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos of my child or in which they may be included, that may be taken while participating in Cedar Springs Camp activities. Yes: _____ No: _____

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.

I have read and voluntarily signed this Waiver and Release of Liability.

Parent Signature

Date