



SOUTHEASTERN BAPTIST YOUTH CAMP
3127 W. CR-800S - GREENSBURG, IN 47240
812.591.2515



RISK ACKNOWLEDGEMENT & RELEASE FORM
FOR PARTICIPATION IN SOUTHEASTERN BAPTIST YOUTH CAMP ACTIVITIES

Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must also be signed by either a parent or legal guardian. All reference to "participant" deemed to include the parent or legal guardian of any participant who is a minor or the entire family in case of a family camp or retreat.

It is expressly understood and agreed that Southeastern Baptist Youth Camp (SBYC) shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of SBYC, or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of SBYC acting within the scope of his or her employment.

SBYC programs may include but are not limited to participation in all activities (such as archery, throwing range, paintball, hiking, bonfires, etc.), camping in an outdoor setting, and riding in a SBYC vehicle. The purposes of the program are to provide participants with safe, challenging, experiential activities which require problem solving, decision making, self and group awareness, trust, cooperation, care and consideration of others. The activities will be discussed in light of the program objectives that have been predetermined by SBYC staff and leaders from your organization.

The participant is aware in signing this form that certain elements of the program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. The participant understands that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings may exist in the program's activities. The participant also agrees it is impossible for SBYC to guarantee absolute safety.

The participant understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this program and agrees that neither SBYC, its board, its director, staff nor other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to the participant in the absence of gross negligence imputable to SBYC. The participant further agrees to release, indemnify and hold SBYC, its board, its director, officers, staff and other representatives in any capacity harmless from or for any claims, causes or action, liabilities or damages that may arise as a result of or in connection with his/her participation in the program.

The participant expressly agrees to obey all of the program safety regulations and direction by the program's leaders. The participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

The participant has read and understands the above form and understands the above Participant Agreement/Acknowledgment and Release Form. The participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

I will assume the responsibility for restricting any activities agreed upon and listed above. I assume full responsibility for my health and I certify that I am free of or will notify my instructor of any medical, physical or emotional conditions which might create undue risk for myself or others. I will exercise good judgment in regard to my own health, safety and well-being while participating in the program. If for any reason I question my ability to participate in the activity, I will tell my instructor prior to participation. I hereby grant permission to the medical personnel selected by the camp director, assistant director, or other leadership staff to order x-rays, routine tests, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me. I also grant permission for medical personnel to obtain access to necessary medical, psychiatric or social work records.

I certify that photographs and videotape pictures of me participating in camp activities may be used in promotional materials for the camp. I give my permission for SBYC to send me emails regarding upcoming events and news (we will not sell your information). This form may be photocopied for use at camp.

PARTICIPANT INFORMATION *(Please Print)*

Name: _____ Birth Date: _____
Last First MI

Grade (if applicable): _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Retreat/Event Name: _____ Gender: Male Female

Signature: _____ **Date:** _____

Complete and Sign section below if above participant is a minor (under 18):

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Alternate Phone(s): _____

Parent/Guardian Email(s): _____

Parent/Guardian Signature: _____ **Date:** _____