

CONSENT AND RELEASE FORM – Crossroads Camp 2019

I, the undersigned parent or guardian, hereby consent to my child _____, who is _____ years of age, participating in the activities connected with the trip to and from and the time at Youth Camp at the Crossroads Summer Camp on the campus of Anderson University in Anderson, South Carolina, an activity sponsored by Wellborn Baptist Church from Monday, July 8, 2019, through Friday, July 12, 2019. I certify that my child is able to participate in these activities, including sports, swimming, Games, team building exercises, fishing and other camp activities (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, Alex Felton, Pastor of Student Ministries at Wellborn Baptist Church, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO, INCLUDING TRANSPORTATION IN PRIVATELY OWNED OR RENTED VEHICLES. I do hereby agree to hold Wellborn Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Parent or Guardian Signature

Date

Printed name

Telephone Numbers Where I May Be Reached In An Emergency:

() _____ Type: _____

() _____ Type: _____

() _____ Type: _____

() _____ Type: _____

Medical Conditions or Allergies to be aware of:

Physical Restrictions:

Instructions and Medications:

Date of Last Tetanus or Booster: _____

I Do Not Wish My Child To Participate In The Following:

Address:

Parent or Guardian Signature

Date