

# Fort Faith Baptist Camp Spring Fest 2020 Participation Waiver

\_\_\_\_\_  
(Participant's Name)

\_\_\_\_\_  
(Participant's Church)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Emergency Contact/Phone)

**ASSUMPTION OF RISK, WAIVER OF LIABILITY**

As legal guardian and/or the above named person and/or participant, I recognize that although the facilities, equipment, services, and programs at Fort Faith Baptist Camp (FFBC) are designed to provide a safe level of enjoyment, there is an inherent risk in the participation of the activities at FFBC that may result in potentially severe injuries, including permanent paralysis or death.

Being fully aware of these dangers, both known and unknown, I voluntarily consent to the aforementioned persons participating in any and all activities at FFBC, and I ACCEPT AND ASSUME ALL RISKS associated with that participation. Furthermore, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FFBC, its officers, directors, representatives, employees, staff, volunteers, partners, other participants, and sponsors, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property suffered by myself or my child while involved in any way, shape, or form with FFBC activities or on FFBC property.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE**

I understand that any incident or injury that may occur at FFBC must be reported immediately to a staff member or volunteer. I fully understand that FFBC staff members and volunteers are not physicians or medical practitioners of any kind. With the above in mind, I hereby release FFBC staff members and volunteers to render temporary first aid to the above named person and/or participant in the event of any injury or illness, and if deemed necessary by any of the aforementioned personnel to seek medical help including calling of an ambulance for aid to named person and/or participant should this to be deemed necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named person and/or participant as a result of any injury sustained while participating in any FFBC activity.

**COMPLIANCE TO FFBC RULES**

I willingly agree to abide by all FFBC safety rules and conditions of participation and agree to ask any questions about such rules if I have any questions or concerns. I understand that I must wear all provided safety equipment for FFBC activities.

CONSENT TO USE PHOTOGRAPH, FILM OR VOICE ON RADIO, TELEVISION, SOCIAL AND PRINT MEDIA

I also understand and give permission for photographs and videos of named persons and/or participants and/or myself to be used in print, broadcast or social media as deemed appropriate for the promotion of FFBC. I acknowledge that the photographs/video taken are property of FFBC.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING MY RIGHT TO SUE, AND SIGN IT FREELY AND VOLUNTARILY.**

\_\_\_\_\_  
(Participant's Signature) DATE SIGNED: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING MY RIGHT TO SUE, AND SIGN IT FREELY AND VOLUNTARILY.**

\_\_\_\_\_  
(Parent/Guardian Signature) DATE SIGNED: \_\_\_\_\_