

Acadian Baptist Center Waiver and Medical Release Form

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All participants in Acadian Baptist Center Events must have a signed Waiver & Release Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian. Substitute Forms will not be accepted.

Name of Church: _____ City/State: _____
Name: _____ Birthdate: ____/____/____ Age: _____ Sex: Male Female
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian: _____ Home Phone: (____) _____
Work/Cell Phone: (____) _____ Email: _____
Retreat/Camp Week Attending _____ Current Grade or Grade Completed in May of this Year _____

Please check which one best describes the attendee (more than one may apply):

Student Discussion Group Leader Student Leader Adult Minister

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release/Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Acadian Baptist Center, its directors, employees, agents, volunteers, and affiliates (Acadian Baptist Center) from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's participation in event activities (the "Claims") I agree to indemnify Acadian Baptist Center for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumptions of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Medical Emergency. In the event of injury or a medical emergency, I understand that the church's group leader, not Acadian Baptist Center, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Acadian Baptist Center from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Acadian Baptist Center events.

Recreation Addendum. The recreation programs Acadian Baptist Center strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. Facility staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However, there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics. You could experience any of the following -elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. You are also agreeing that you or your child will NOT ENTER any pool, pond, or lake, if they have not received certified swim training, prior to attending camp. This training is not available at the facility. For more detailed information about the recreation programs offered at Acadian Baptist Center, go to www.abccamp.com.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Acadian Baptist Center. Acadian Baptist Center, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Copy to Camp Facility. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to the camp facility that is hosting each event.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies: Parent/Guardian Attendee 19 years of age and older

Signature: _____ Date: _____

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Your Name: _____
Relationship to Attendee: _____
Contact Number: _____
Insurance Policy Number _____ Group Policy Number _____
Group Policy with _____
Coverage Verification Phone Number _____
List any medical, physical, or other limitations _____
Allergies _____ Last Tetanus Shot _____
Current Medications _____
Doctor's Name _____ Phone (____) _____