

2020 WEST FLORIDA STUMIN - CAMPER

PAID: \$225 Total Cost
 \$ 70 Pre-Registration

CHURCH NAME _____ City _____ Email _____
 Street /Mailing Address _____ ST _____ ZIP _____ PH _____

We, as their pastors, understand that it is our responsibility to verify that every child we bring to camp has health insurance coverage. We understand that The West Florida District, The Alabama District of the Assemblies of God and/or Springville Camp and Conference Center is not liable for loss, illness, injury, or accident to this applicant. We recommend this applicant for AG Kids Camp.

Senior Pastor Signature _____ Children's Pastor/Leader Signature _____

CAMP INFO: Speaker—Russell Smith June 10-13, 2020

CAMPER INFORMATION (Please PRINT clearly in black or dark blue ink.)

Last Name _____ First _____ Nickname _____ Phone _____
 Mailing Address _____ City _____ ST. _____ Zip _____
 Date of Birth (MANDATORY) _____ Age _____ Gender (at birth) M F Foster Child: Yes No
 Mother/Guardian's Name: _____ Father/Guardian's Name _____
 Phone _____ Email _____ Phone _____ EMAIL _____

HEALTH HISTORY AND MEDICAL TREATMENT AUTHORIZATION

EMERGENCY CONTACT INFORMATION Please print clearly, listing three contacts in order of preferred contact.

Emerg. Contact #1 _____ Relationship _____ Day Phone _____ Cell Phone _____
 Emerg. Contact #2 _____ Relationship _____ Day Phone _____ Cell Phone _____

PHYSICIANS INFORMATION:

NAME: _____
 PHONE: _____

INSURANCE INFORMATION:

INSURANCE CO. _____
 GROUP # _____ POLICY # _____

Date of Last Tetanus _____

Are Immunizations current? YES NO

Permission given for the following over-the-counter medications to be given to participant as needed, as directed per age/weight: Please check Acetaminophen, Ibuprofen Benadryl Zyrtec 10mg Antibiotic Ointment Antacid (Tums) Pepto Bismol Emetrol Generics of the above may be used.

Any medications (prescription and/or over-the counter), vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original bottle to the first aid station at check-in to be administered to Participant.

Does the participant have any of the health issues below? Please check all that apply.

	CONDITION	YES	NO	TREATMENT		CONDITION	YES	NO	TREATMENT
1	Asthma			Inhaler? Yes No	7	Bleeding			
2	Diabetes				8	Bee Sting Allergy			Epi Pen? Yes No
3	Epilepsy/Seizures				9	Peanut/Nut Allergy			Epi Pen? Yes No
4	Heart Condition				10	Other Food Allergy			Epi Pen? Yes No
5	Orthopedic				11	Drug Allergy			Epi Pen? Yes No
6	Fainting				12				

1 Is the Participant presently being treated for an injury, sickness or taking any form of medication for any reason? YES NO If yes, please explain: _____

2 Please list medication, foods, or environmental allergens that Participant is allergic to and the allergy reactions if not mentioned above: _____

3 Please list any childhood diseases, serious illness, injuries and surgeries the Participant has or has had: _____

4 Does the Participant require any medications to be administered? YES NO. If yes, secure and fill out **CAMP MEDICATION FORM** (adcag.org)

5 Does Participant have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? YES NO If YES, please explain: _____

MEDICAL TREATMENT AUTHORIZATION

We, THE PARENTS AND/OR GUARDIANS OF participant, understand that we will be notified in the case of a medical emergency involving the Participant. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Participant is injured or becomes ill. We authorize any or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider: West Florida District Council and Alabama District of the Assemblies of God, or any of its agents, employees, or volunteers.

We, the parents and/or guardians of Participant, understand that Springville Camp and Conference Center, Alabama Assemblies of God Kids Camp, the Alabama District of the Assemblies of God, West Florida District Assemblies of God Student Ministries team, or any of its agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of authorization. We here by agree to hold harmless, defend and indemnify West Florida District Council, Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center, the Alabama District Council, its parents, subsidiaries and affiliates, board members, officers, employees, agents, and volunteers from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of West Florida District Council, Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center, or the Alabama District of the Assemblies of God (collectively claims) that may be asserted by anyone and that has any relation to the Participant. It is our express intention to defend, indemnify and hold harmless West Florida District Council, Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center, the Alabama District of the Assemblies of God &/or West Florida District Council from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant.

We agree to notify West Florida District Assemblies of God, Alabama Assemblies of God Kids Camp in the event of any health changes which would restrict the Participant's participation in any activities. We also understand that West Florida District Assemblies of God, Alabama Assemblies of God Kids Camp representative(s) reserve the right to restrict the Participant from any activity for any reason.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Camps are open to all persons, regardless of race, creed or color.

PARENTAL CONSENT (PARENT/GUARDIAN PLEASE READ COMPLETELY AND SIGN IN ALL THREE PLACES BELOW)

PARTICIPANT NAME: _____

IN CONSIDERATION of my child's participation in the activities listed below on the date above and at location named below (herein the activity):

We, being the parents or legal guardians of the child named above, do hereby consent to the participation of the activities of the West Florida District Assemblies of God Kids Camp at the Alabama Assemblies of God Kids Camp located at 3886 Mt. View Rd., Odenville, AL. 35120.

Activities include: outdoor activities in which the participants may be subject to bites from insects, mosquitoes, ticks, spiders, and or snakes. Activities include: rock wall climbing, basketball, volleyball, swimming in pool, canoeing, paddle boats, water inflatables which include the blob, jungle joe, water trampoline, aqua glide, rockit, log roll, and wet willie (water slide), zip-line into lake, (life jackets required for all lake activities and certified lifeguards always on duty) zip line across lake, recreational games (relay race style, tug of war, slip n' slide, etc.) which may include running, jumping, and leaping in or around water and mud.

We hereby represent that the Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, we certify that Participant is physically able and adequately trained to participate in such events, specifically swimming. We hereby understand and acknowledge the physical rigors associated with the above-referenced activities and understand that participation involves risks and dangers which include, without limitation, serious bodily injury, permanent disability, paralysis, death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of the West Florida District Assemblies of God, the Alabama AG Kids Camp, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). We understand these Risks may be caused in whole or in part by Participant's own actions or in actions, the actions or inactions of others participating in the activities, and knowing such, we hereby expressly authorize and give permission for Participant to participate in any and all of the above-referenced activities.

We **DO NOT AUTHORIZE** our child/Participant in any of the following activities: _____

PARENT/GUARDIAN SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

PARTICIPANT NAME: _____

KNOWING THE RISKS DESCRIBED ABOVE, WE BEING THE PARENTS/LEGAL GUARDIANS OF CHILD PARTICIPANT AGREE, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING CHILD'S PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE ALABAMA ASSEMBLIES OF GOD KIDS CAMP, SPRINGVILLE CAMP AND CONFERENCE CENTER AND THE WEST FLORIDA DISTRICT ASSEMBLIES OF GOD, THE ALABAMA DISTRICT OF THE ASSEMBLIES OF GOD, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS, AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH WE OR PARTICIPANT MAY SUFFER, OR FOR WHICH WE OR PARTICIPANT MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO THE PARTICIPANT'S PARTICIPATING IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON PARTICIPANTS PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

We hereby warrant that we have read this Agreement carefully, understand its terms and conditions, acknowledge that we are giving up substantial legal rights by signing it, we acknowledge we have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions. We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms. We expressly agree that this assumption of risk, release, and indemnity Agreement is intended to be as broad and inclusive as permitted by law. I further state that WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS OUR OWN FREE ACT. We understand and agree that no oral or written representations can or will alter the contents of this document. We agree that this Agreement shall be governed by the laws of the State of Florida, which shall be the forum for any lawsuits filed under or incident to this Agreement or the above described activities. A photocopy or facsimile of this authorization shall be as valid as the original.

PARENT/GUARDIAN SIGNATURE: _____ **PRINT NAME** _____ **DATE** _____

PHOTOGRAPH & VIDEO RELEASE:

PARTICIPANT NAME: _____

We, the Participant's parents and/or legal guardians, hereby grant West Florida District Assemblies of God and Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center, and the Alabama District of The Assemblies of God permission to the rights of Participant's image, likeness, and sound of Participant's voice as recorded on audio or video tape without payment or any other consideration. We understand that Participant's image may be edited, copied, exhibited, published or distributed and we hereby waive the right to inspect or approve the finished product wherein Participant's likeness appears. Additionally, we waive any right to royalties or other compensation arising or related to the use of Participant's image or recording. We agree that West Florida District Assemblies of God and Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center and The Alabama District of the Assemblies of God may use such images of Participant with or without Participant's name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content. We understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used and/or distributed. We, the parents and/or legal guardian acknowledge that we have completely read and fully understand this release and agree to be bound thereby. It is our express intention to defend, indemnify and hold harmless West Florida District Assemblies of God, Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center, and the Alabama District of the Assemblies of God from any and all claims arising out of Participant's image, likeness, sound.

PARENT/GUARDIAN SIGNATURE: _____ **PRINT NAME** _____ **DATE** _____

Application and a \$70 non-refundable pre-registration fee by check or online payment is due by Monday, May 12th to:

West Florida AG ♦ Student Ministries Department ♦ 4792 Hwy 90 ♦ Marianna, FL 32446

TOTAL CAMP FEE \$225. Pre-registration \$70. Remaining balance of \$155 due upon arrival at camp. (\$20 late fee may be received in office after deadline date.)

Springville Camp & Conference Center, 3886 Mountain View Road, Odenville, AL 35120