

2020 WEST FL DIST. KIDS CAMP - STAFF ASSISTANT

PAID: \$150 Total Cost
 \$ 70 Pre-Registration

CHURCH NAME _____ **City** _____ **Email** _____
Street /Mailing Address _____ **ST** _____ **ZIP** _____ **Ph** _____

Senior Pastor Reference: How long have you know applicant? _____ In what type of relationship? _____
 Do you recommend applicant to work at this camp? _____ Any information that would be helpful to us? _____
 I affirm that if I know or learn of anything that might affect this applicant's suitability for serving at West FL Assemblies of God Kids Camp that should be communicated privately, I will immediately contact the Student Min. Director and communicate all relevant information to him. (850-556-7210)

SENIOR PASTOR SIGNATURE _____ **PRINT NAME** _____ **DATE** _____

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

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

Last Name _____ **First** _____ **Phone** _____ **SSN** _____
Mailing Address _____ **City** _____ **ST.** _____ **Zip** _____
Date of Birth (MANDATORY) _____/_____/____ **Age** ____ **Gender** (at birth): M F **Consent for Security Check**(MANDATORY): Yes No

Ministry Position:	Position you hold _____	How Long? _____
	Where? _____	City _____ State _____ Zip _____

Have you worked West FL AG Kids Camp before? _____ If yes, how many years? _____ Another camp? _____ Camp Name _____
 Do you use tobacco? YES NO Do you drink alcoholic beverages? YES NO Do you use illegal non-prescription drugs? YES NO
 Do you have physical conditions preventing you from performing certain types of activities? If so, explain. _____
 Are you known to be a carrier of any contagious disease or virus? If yes, explain. _____
 Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, explain _____

 Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If yes, explain _____

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

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

Any medications (prescription and /or over-the counter, vitamins, herbs, and enzymes **MUST** have a doctor's order and be brought in the original

	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				

MEDICAL TREATMENT AUTHORIZATION

I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I, the Participant understand and authorize the calling of a doctor and the providing of necessary medical services in the event I, the Participant is injured or becomes ill. I do authorize any or more of the following persons to administer medications or treatment needed, and/or to make emergency medical care decisions on behalf of me, the Participant, if required by law or a health care provider.

I, the Participant, understand that Springville Camp and Conference Center, West Florida District/Alabama Assemblies of God Kids Camp or the Alabama District of the Assemblies of God, or any of its agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of authorization. I hereby 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 my express intention to defend, indemnify and hold harmless West Florida District Council, Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center and the Alabama District of the Assemblies of God from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant.

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

SIGNATURE: _____ **DATE:** _____
SIGNATURE: (spouse): _____ **DATE:** _____

PARTICIPANT CONSENT ADULT (Please read completely and sign all **THREE** waivers below.)

PARTICIPANT NAME: _____

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

I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I hereby represent that : (i) I am in good health and in proper physical condition to participate in the Activity, and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks and dangers which include outdoor activities in which the participant 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, rock-it, 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 water and mud. I hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, I certify that Participant is physically able and adequately trained to participate in such events, specifically swimming, without limitation, and understand that there is risk and danger for 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 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"). I 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 Activity, and I hereby expressly assume all Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity.

I also accept sole responsibility for my own conduct and actions while participating in the Activity, and the condition and adequacy of my equipment.

I understand and agree that if, during my participation in the Activity, Alabama Assemblies of God Kids Camp becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, those in charge have my permission to contact my provided "emergency contact".

DATE SIGNATURE PRINT NAME

GENERAL RELEASE AND ASSUMPTION OF RISK: PARTICIPANT NAME: _____

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING MY PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY WEST FLORIDA DISTRICT COUNCIL, ALABAMA ASSEMBLIES OF GOD KIDS CAMP , SPRINGVILLE CAMP AND CONFERENCE CENTER AND 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 I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY 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.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge I am giving up substantial legal rights by signing it, (including the rights of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I 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.

I 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.

I 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 I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of State of Florida and the State of Alabama, which shall be the forum for any lawsuits filed under or incident to this Agreement or the above described activities.

I HEREBY ACCEPT THE ABOVE TERMS

DATE SIGNATURE PRINT NAME

PHOTOGRAPH & VIDEO RELEASE: PARTICIPANT NAME: _____

I, the Participant, hereby grant West Florida Student Ministries, 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. I understand that my image may be edited, copied, exhibited, published or distributed and we hereby waive the right to inspect or approve the finished product wherein I, the Participant's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of Participant's image or recording.

I, the Participant, agree that West Florida District Council, 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 me with or without my name and for any lawful purpose, including for such purposes as publicly, illustration, advertising, and web content.

I, the Participant, understand there is no time limit on the validity of the release nor is there any geographic limitation on where these materials may be used and or distributed.

I, the Participant, have completely read and fully understand this release and agree to be bound thereby. It is my express intention to defend , indemnify and hold harmless West Florida District Council, 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 my image, likeness, sound.

DATE SIGNATURE PRINT NAME

Personal References:		
Name _____	Address _____	Phone _____
Comments : _____		
Name _____	Address _____	Phone _____
Comments : _____		

Application and a \$70 non-refundable pre-registration fee by check or online payment is due by Wednesday, May 13th to:
 West Florida AG ♦ Student Ministries Department ♦ 4792 Hwy 90 ♦ Marianna, FL 32446
TOTAL PERSONNEL FEE \$150. Pre-registration \$70. Remaining balance of \$80 due upon arrival at camp. \$20 late fee may be received in office after deadline date.)

Alabama AG Kids Camps are held at Springville Camp & Conference Center, 3886 Mountain View Road, Odenville, AL 35120 and is open to all persons, regardless of race, creed or color.