

# Camp Agape

## Participation, Media, and Medical Consent Form for Adults – 2017

*\*Your team leader must send all completed Consent Forms 30 days prior to arrival at Camp Agape\**

(Please Print) I, \_\_\_\_\_, a ( male female ) am informed of the trip and activities offered by (Church/Group Name) \_\_\_\_\_ at Camp Agape in Benton, TN, beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I understand some activities (including but not limited to eating, outdoor activities, swimming, canoeing, hiking, and team building activities) involve a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and hereby agree to attend and participate in all activities provided by Camp Agape. I hereby release and discharge Camp Agape and the Polk County Baptist Association, and their employees and volunteers from any liability, legal actions or claims which I or my family have, or might have, for any damage, injury or loss with respect to all activities associated with Camp Agape as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my participation in any and all activities associated with Camp Agape.

Furthermore, I agree that this agreement is deemed to be entered into in the State of Tennessee and to be governed and enforced pursuant to Tennessee law. I submit to the exclusive jurisdiction of any court of the State of Tennessee located in the County of Polk for the purpose of any dispute. I agree that in any event that I or my family take any legal action against Camp Agape or the Polk County Baptist Association, or their employees and volunteers, which is decided in favor of Camp Agape or the Polk County Baptist Association, or their employees and volunteers, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Camp Agape and the Polk County Baptist Association, and their employees and volunteers.

To promote, evaluate, or otherwise describe Camp Agape's programs and activities, I give permission to Camp Agape and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videos, reports, press releases, Web sites, and exhibits) any image or recording in which I appear, to use and cite any comment(s), verbal or written, made by me about the program, and to use my name in connection with any publication and in such manner as determined by Camp Agape.

I hereby state that I am in good, normal health and have no abnormal physical, emotional or mental handicaps except as listed below. I accept financial responsibility for my own well being and hereby grant authority without limitation to the church/group sponsor, Camp Agape Director, employees, volunteers and agents in all medical matters to obtain medical attention, hospitalize, treat, and order injections, anesthesia, surgery in case of sickness or injury to myself. I also authorize the attending physician to provide any needed medical treatment. I also understand that it is my responsibility for advising/providing to church/group sponsor, Camp Agape Director, employees, volunteers and agents information/instructions for all pre-existing medical conditions and/or physical, emotional, or mental handicaps.

I, the undersigned, have read, understand and accept all of the terms and conditions set forth in this agreement. I do hereby verify that the information provided is correct, and I do hereby release and forever discharge all sponsors, Camp Agape and Polk County Baptist Association from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury or death or loss of property while participating in Camp Agape. Also, I understand that a copy of this form is as valid as the original. In the event of an accident, injury, or illness while I participating with Camp Agape my personal insurance or church's insurance is the primary insurance carrier. Camp Agape's liability insurance is secondary.

Signature \_\_\_\_\_ Dated \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ e-mail \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Food Allergies \_\_\_\_\_ Insect Allergies \_\_\_\_\_ Require Epipen Yes No  
Other Allergies, Current Medications and/or Medical Conditions \_\_\_\_\_

By checking this box I am indicating I wish to receive Camp Agape's e-newsletter