

Camp Agape

Participation, Media, and Medical Consent Form for Minors - 2017

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

(Please Print) I, _____, am the parent or legal guardian of _____,
(hereinafter "my child"), who is a (male female) born on ____/____/____, and I am informed of the trip and activities
offered by (Church/Group Name) _____ at Camp Agape in Benton, TN, beginning on
____/____/____ and ending on ____/____/____.

As the parent or legal guardian of my child, I understand some activities (including but not limited to eating, outdoor activities, swimming, canoeing, hiking, and team building) involve a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and hereby consent for my child 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 child 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 child's 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 child 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 my child, a minor, appears, to use and cite any comment(s), verbal or written, made by said minor about the program, and to use said minor's name in connection with any publication and in such manner as determined by Camp Agape.

As the parent or legal guardian of my child, I hereby state that my child is in good, normal health and has no abnormal physical, emotional or mental handicaps except as listed below. I accept financial responsibility for the well being of my child 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 my child. 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 my child is participating with Camp Agape their personal insurance or church's insurance is the primary insurance carrier. Camp Agape's liability insurance is secondary.

Parent/Guardian's 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