

**RELEASE FORM (Everyone)**

**PARTICIPANT NAME:** \_\_\_\_\_ **(Circle One: Student / TL / Other)**

**CHURCH NAME:** \_\_\_\_\_

Everyone must have this form on file in order to participate in this Georgia Baptist Convention sponsored event – NO EXCEPTIONS.

Group Leaders: Students forms must be notarized.

**PERMISSION, ACKNOWLEDGEMENT, RELEASE, & INDEMNITY**

In consideration of Participant’s ability to participate in the event(s) sponsored by the Executive Committee of the Baptist Convention of the State of Georgia, also known as the Georgia Baptist Convention (“GBC”), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) hereby:

- A. Permission For Medical Treatment:** Grant my permission for the event administrator or staffer, or adult present or in charge of First Aid, to obtain necessary medical attention (including but not limited to OTC medicine to emergency medical care) in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary. Agree that all prescribed medication brought on campus should be in its original bottle and will be relinquished to the event medical staff to be dispersed as described on page 3 of the attached document and understand failure to do so may result in my or my child’s dismissal from the event.
- B. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs taken or videotaping during normal project or event activities, and these photos/videos may be used by the GBC, I hereby grant my permission for such photographs/videos to be taken and to be used by the GBC.
- C. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless the Executive Committee of the Baptist Convention of the State of Georgia, also known as the Georgia Baptist Convention (“GBC”), the venue, as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the “Released Parties”) from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this event and/or while on or off property leased, used, or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to me or my minor child’s dismissal from the event, as applicable.
- D. Understanding.** Represent and acknowledge that (1) I have completely read and understand this document and all its terms/policies and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases 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, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, (6) a copy of this form as signed shall be treated as authentic and binding as the original, and (7) failure to comply with the event policies may result in my or my child’s dismissal from the event.

Complete and sign below (Students require Parent/Legal Guardian signature).

Participant’s Signature: _____	Date: ____ / ____ / ____
Parent/Guardian Signature: _____	Date: ____ / ____ / ____      Phone: _____

**NOTARY ACKNOWLEDGEMENT** (Required for all students participating in the event):

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct. Witness my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**PARTICIPANT INFORMATION (Students only)**

**PARTICIPANT NAME:** \_\_\_\_\_

**CHURCH NAME:** \_\_\_\_\_

Please check here & provide the details below if there is a medical concern Impact needs to be aware of:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age at Camp: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

In case of an emergency, please notify one of the following in the order listed:

1. Name/Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2. Name/Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Please include as much insurance information as possible below: Please check here if the participant does NOT have insurance:

Insurance Company: \_\_\_\_\_ Member Name (Employee): \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Group Name: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

Group ID#: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**CHURCH INFORMATION**

Church Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Group Leader's Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MEDICAL PROFILE**

Generally speaking, the participant's health is:  Excellent  Good  Fair  Poor

If fair/poor, please explain further: \_\_\_\_\_

Is the participant bringing any medications that need to be administered by the camp medical staff? *If yes, please see page 3.*

NO  YES

Is the participant bringing any over the counter (OTC) medications to self-administer? (Medical staff can provide over the counter medications for pain, fever, nausea, diarrhea, allergies, cough, and mild flu-like symptoms.) NO  YES  If so, please list: \_\_\_\_\_

Is the participant bringing any "rescue medications" to self-administer? (inhaler, epi pen, etc..) NO  YES  If so, please list: \_\_\_\_\_

Check the following conditions or diseases the participant has had or currently has:

- |                                       |  |  |   |   |
|---------------------------------------|--|--|---|---|
| <input type="checkbox"/> ADD/ADHD     | <input type="checkbox"/> Anemia              | <input type="checkbox"/> Anxiety Attacks   | <input type="checkbox"/> Appendicitis     | <input type="checkbox"/> Asthma             |
| <input type="checkbox"/> Bronchitis   | <input type="checkbox"/> Chickenpox          | <input type="checkbox"/> Chronic Headaches | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Dizziness/Fainting |
| <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> GI/Stomach Disorder | <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Heart Disorder   | <input type="checkbox"/> Hyperglycemia      |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Hypotension       | <input type="checkbox"/> Kidney Disorder  | <input type="checkbox"/> Measles            |
| <input type="checkbox"/> Meningitis   | <input type="checkbox"/> Migraines           | <input type="checkbox"/> Mumps             | <input type="checkbox"/> Pneumonia        | <input type="checkbox"/> Pleurisy           |
| <input type="checkbox"/> Polio        | <input type="checkbox"/> Sinusitis           | <input type="checkbox"/> Tetanus           | <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Tuberculosis       |

Are there any other psychological or physical conditions/diseases that the participant has received/is receiving treatment? If so, please specify the condition and the treatment, if any, he/she is receiving: \_\_\_\_\_

Does the participant have any known allergies? \_\_\_\_\_

Does the participant have any disabilities or restricted dietary needs? \_\_\_\_\_

Has the participant undergone any major operations (approx. date)? \_\_\_\_\_

Primary Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medication Release/Administration Form (Students only)**

**PARTICIPANT NAME:** \_\_\_\_\_

**CHURCH NAME:** \_\_\_\_\_

*For students bringing medications that need to be administered by the camp medical staff*

**For Medical Staff Use Only**  
**Color:** \_\_\_\_\_

Students who bring medication must do the following:

1. Complete and present the consent below, signed by parent or legal guardian, for administration of medication while the student attends the event.
2. Bring the medication **in the original bottle**, properly labeled as prescribed by law. Please send only what is needed for the week of camp. Medication will only be administered to the person for whom the prescription designates
3. Present this form and the medication indicated on this form to the medical staff upon arrival and abide by his/her instructions for administration. **Failure to turn in medication may result in dismissal from the event.**

Medical staff can provide over the counter medications for pain, fever, nausea, diarrhea, allergies, cough, and mild flu-like symptoms.

<b>Name</b>	<b>Birth date</b>
<b>Height/Weight</b>	<b>Age</b>
<b>Medicine allergies:</b>	

Medication	Dosage/Amount	Times	For Medical Staff use only																	
			Monday		Tuesday		Wednesday		Thursday		Friday									

As the parent or legal guardian of the above-named participant, I hereby give permission to administer this medication.

Parent/Guardian Signature	Daytime phone	Evening phone	Date
	(    )    -	(    )    -	

For Medical Staff use only			
Initials	Signature	Initials	Signature

## ***Impact Policies (Everyone)***

### As you prepare:

- Harassment/Bullying (verbal, physical, sexual, etc), drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon or fireworks are NOT tolerated.
- Late arrivals and/or early checkout are not permitted. All participants are required to attend all school sessions, family group times, recreation, meals, and worship services, beginning with registration through the final session on Friday morning. There are no exceptions unless you are with the nurse.
  - TEAM LEADERS – this means you MUST attend training weekend. You may not be late or leave. If you cannot attend the entire training weekend, you cannot be a TL.
- Cell phones are for emergency use only.
- Participants must dress appropriately. Casual clothing is acceptable during all event activities. Please avoid bringing short skirts, short shorts, short dresses or low neckline or strapless.
  - Recreation time: NO white t-shirts and the participant must wear tennis shoes.
  - Anyone wearing inappropriate clothing will be asked to change!

### When you arrive:

- All prescription medications must to be given to the event nurse when you arrive. Participants are not allowed to share any medication with any other participant. *Failure to turn in medication may result in dismissal from the event.*

### While you are here:

- Participants (students and adults) are not allowed off campus during the week. All participants must remain on campus from the time of registration until checkout on Friday. Also, vehicles need to be parked from time of check-in until time of checkout.
- Participants must follow the event schedule. Please observe all curfews and lights-out notices. There is no excuse.
- Participants who are injured must report to the nurse. In the event of illness/ injury, you will not be permitted to stay in your room. You must be in the care of the nurse until you can to return to your assigned group.
- Refrain from ALL public displays of affection.
- Under NO circumstances are girls to be in the guy's dorms or guys to be in the girl's dorms. NO EXCEPTIONS!
- Participants must obey the policies for the Conference Center. We are guests at their facility. Please be respectful of their staff and the other guests. We are a model of Christ to the campus.