



PARTICIPATION AND RELEASE AND ASSUMPTION OF RISK AGREEMENT

A Ministry of the EXECUTIVE BOARD OF THE TENNESSEE BAPTIST CONVENTION



TENNESSEE BAPTIST CONVENTION

Participant's Name: _____ Age: _____ Birth Date: ____/____/____

Home Address: _____

Phone: _____ Email: _____

WARNING: By signing this form, you give up important legal rights, including the right to sue. Please read carefully.

DISCLAIMER: The Tennessee Baptist Convention and the Executive Board of the Tennessee Baptist Convention, their officers, directors, employees, volunteers, agents, and representatives (hereafter referred to as "the Convention") are not responsible for any injury, loss, or damage sustained by any person while participating in the Activity, which might be caused by the negligence of the Convention.

ASSUMPTION OF RISKS: In consideration of my being permitted, or my child being permitted, to participate in the Activity, I acknowledge that I am aware of the possible risks, dangers, and hazards associated with participation in the Activity, including the possible risk of severe or fatal injury. These risks include but are not limited to the following and those described below related to specific Activities:

- a) The risks associated with travel to and from the Activity and between locations during the Activity;
- b) The possibility of bodily injury including broken bones, soft tissue damage, emotional distress, and even death while participating in the Activity;
- c) The hazards of being in a wilderness-type setting, distant from physician and hospital care.

Indemnification and Release of Liability: In return for the Convention's allowing me or my child to voluntarily participate in the Activity, I agree:

1. To assume and accept all risks arising out of, associated with, or related to, participating in the Activity, even though such risks may have been caused by the negligence of the Convention.
2. To be solely responsible for any injury, loss, or damage, which I or my child might sustain while participating in the Activity, even though such injury, loss, or damage may have been caused by the negligence of the Convention.

PERMISSION TO PHOTOGRAPH: Further, I do hereby give the Convention and parties designated by them, including clients, licensees, purchasers, agents, publishers, and periodicals, the irrevocable right to use my name and my child's name and/or photograph for sale and reproduction in any print or electronic medium for purposes of advertising, trade, display, exhibition, competition, or editorial use pertaining to ministries, activities, or events of the Convention.

CHALLENGE-BY-CHOICE:

Participation in any event is entirely voluntary. A participant may decline to continue participation at any time. The following activities are designed to build the individual's self-esteem and confidence. Participants are encouraged in a "Challenge-by-Choice" atmosphere and should not feel pressured to participate in any way. Participants may withdraw from the activities at any time.

ACTIVITIES: (Initial your choice of participation beside each activity; failure to make a choice is deemed a "No".)

YES NO **HIKING TRAILS**

Minimum requirements: Good physical condition and ability to maneuver over, around & through rugged terrain, and traverse steep inclines.

Risks: Physical exertion, twisted ankles and other joints, wild animals, poisonous and non-poisonous snakes, spiders, insects, etc.

Description: Trail system covers relatively rugged terrain. Some trails may have vehicle traffic, also. As you traverse several ridges that take you to a water fall or the rustic camp you should be aware that: 1) You are in the woods and could be far from road access, 2) You are in someone else's home, i.e., insects (some poisonous), birds, snakes (some poisonous), and many other wild animals that like to be left alone, 3) Trails are maintained but relatively unimproved. Natural rocks, roots, trees, etc., (which could cause injury) are left in place, 4) Weather in the region is unpredictable and may change suddenly. Hikers should plan ahead and prepare, follow all signs, stay on the trail, take water, proper clothing and shoes, hike with no less than one other person and let someone know where you are going.

YES NO **SWIMMING**

Minimum requirements: Demonstrated ability to swim.

Risks: Drowning, abrasions and scrapes from concrete pool, choking, eye irritation, skin irritation and sunburn.

Description: Swimming in the pool is prohibited when no Camp designated lifeguard is on duty. You will be swimming, jumping, wading and paddling in water from 3 to 9 feet deep. No Diving is allowed. You will also be exposed to all the natural elements inherent to outdoor environments including insects and the sun. Sunscreen is highly recommended. Decisions of the lifeguard are final.

YES NO **PAINTBALL TARGET PRACTICE**

Minimum requirements: At least 6 years of age and able to follow basic instructions.

Risks: Abrasions and eye injuries from being accidentally shot with a paintball.

Description: Participants are to stand in a straight line parallel to the targets. Upon command from the course manager, they are to use markers (special equipment designed to propel paintball towards target) to shoot paintball at stationary targets 25-30 feet away. At no time do participants shoot at each other. On a command from the course manager, all shooting is to stop and markers are to be laid on down facing the target range.

YES NO **ARCHERY**

Minimum requirements: At least 8 years of age and able to follow basic instructions.

Risks: Serious injury, including permanent disability, loss of eyesight, paralysis and death.

Description: Participants are to stand in a straight line parallel to the targets and upon command from the course manager, they use solid recurve bows to shoot arrows at stationary targets 25-30 feet away. On command from the course manager, all shooting is to stop and any remaining arrows are to be placed on the ground.

YES NO **KAYAKING/TUBING/WADING**

Minimum requirements: At least 10 years of age, sturdy tennis/water shoes, average physical condition, and must wear a life jacket/safety flotation device throughout the entire activity.

Risks: Drowning, snake bite, scrapes and bruises from rocks, trees, vehicle accident, and other participants.

Description: Transportation by a LVBC-owned bus to one of three "put-in" points along the scenic Buffalo River for either a one-mile, four-mile or eight-mile trip. Floaters are to float down the river on a "sit-on" or "sea" style kayak or a rental-grade tube back to LVBC. Although the Buffalo River seems to be a mild river with only a few class one rapids, it can also be inherently unpredictable. Rocks, trees, steep terrain, deep water in places, snakes (some poisonous), weather, other people, and the like, all put you at risk for unforeseen injury or loss.

YES NO **FISHING/WADING**

Minimum requirements: Sturdy tennis or water shoes, average physical condition and must wear a life jacket/safety flotation device throughout the entire activity. Fishing poles and

tackle are not provided. License is required for anyone 16 years of age and above.

Risks: Drowning, head injuries, snake bite (some poisonous), scrapes and bruises from rocks, trees, pierced by a fish hook, insect bites other participants.

Description: Stand on bank or wade in shallow water, cast lines, bait hooks and handle fish.

___ YES ___ NO PAINTBALL

Minimum requirements: At least 10 years of age and in good physical condition.

Risks: Abrasions from impact of being hit, strenuous activity, running, jumping, sliding on rugged terrain, head and other injuries from falls and collisions, including broken bones, insect bites, bee's stings, etc.

Description: All participants are to wear camp-provided and mandatory protective face shield during play. Long pants, shirts, closed toed shoes and gloves are strongly recommended. You will be running, jumping, sliding, ducking, and hiding in and on rugged terrain that will be muddy, rocky, uneven, and possibly dangerous. You will also be carrying a paintball marker that uses compressed gas to propel small, lightweight plastic paint filled pellets towards your opponent. Being hit by a paintball can be painful and cause bruising. Personal paintball markers are not allowed.

___ YES ___ NO THE LOW ROPES CHALLENGE COURSE

Minimum requirements: At least 10 years of age and have the physical stature and mobility to encounter challenges and take initiatives.

Risks: Course includes climbing, lifting, balancing, physical exertion, group participation, on platforms from 2 to 10 feet off the ground. There is potential risk for a myriad of injuries, including falling, twisting ankles or other joints, pulled muscles, insect bites, etc.

Description: Simple in design, but highly effective, the Low Ropes Challenge Course is most effective for creating team-oriented programming. Distinct stations allow groups to participate simultaneously. Facilitators can choose an assortment of variations, based on the participating groups. Initiatives range from a Spider's Web, Team Wall, Island, Nitro Crossing, Wild Woozy, and a Trust Fall Platform, to fun-filled games.

___ YES ___ NO THE ODYSSEY HIGH ROPES COURSE

Minimum requirements: At least 12 years of age and must have the physical stature required to fit safely in the harness equipment. There is a 250 lb. maximum weight limit.

Risks: The course may aggravate certain medical conditions, and individuals with a history of or inclination for certain medical conditions should consider carefully the potential dangers to themselves if they choose to participate in the course. It is strongly recommended that you consult with your physician about your particular situation. Included in the medical conditions of concern are:

- heart attack chest pain/pressure high blood pressure asthma stroke knee/ankle problems
- diabetes seizures major surgery pregnancy allergies back/neck/arm problems

Description: This course is a high ropes adventure course that challenges the participant to traverse a series of cables strung between 50' tall towers. Participants work in a team of 2 to 4 people to successfully traverse the course and overcome obstacles in the course design. This course teaches self-confidence, trust, problem-solving and team work. Each participant is to wear a harness and is tethered by a static rope to safety cables.

___ YES ___ NO ZIP LINE

Minimum requirements: At least 12 years of age and must have the physical stature required to fit safely in the harness equipment. There is a maximum 250 lb. weight limit.

Risks: Physical exertion in climbing up cargo net, bounce and jolt to body stepping off of platform, lower joint and back pains from climbing, and anxiety from heights or speed from free fall. Individuals suffering from fear of heights should carefully review and consider the impact of this experience. It is strongly recommended that you consult with your physician about your particular situation. Included in the medical conditions of concern are:

- heart attack chest pain/pressure high blood pressure asthma stroke knee/ankle problems
- diabetes seizures major surgery pregnancy allergies back/neck/arm problems

Description: A 620' ride suspended from a cable. Participants are to climb a cargo net to a platform. They will be connected by trained staff to the cable using a pulley and harness system to ensure safety. Two participants ride parallel cables 6' apart, from a wooded area into an open field where trained staff will meet them to disconnect the harness and pulley. You will begin 30' off the ground and end the Zip Line 12' off the ground.

Acceptance of Medical Expenses: I understand that I have purchased through the Executive Board, by means of the Activity fee, a limited accident and illness insurance policy. This policy may pay a limited portion of medical expense, with certain exceptions, for medical treatment required by the camper on this form resulting from participation in this event. Pre-existing and self-inflicted injuries are not covered by this policy. Furthermore, I agree to pay any and all medical expenses incurred not covered by this policy and acknowledge that my medical, health and liability insurance coverage is considered primary after the initial coverage mentioned herein.

Have you reached 18 years of age? ___ Yes ___ No If NO, executed Minor Participant - Parental Authorization (below) required.

By signing, I affirm I have read this release, understand, and agree to its terms.

Signature: _____ Date: _____

MINOR PARTICIPANT - PARENTAL AUTHORIZATION: As parents or legal guardians of the individual named above, we have read this release and understand the nature of the activity in which this minor has chosen to participate. We give our permission for the minor listed to participate in the chosen activities, agree to the Release and Assumption of Risk provisions as herein stated. We accept all medical, health and/or liability expenses which may arise from the minor's involvement in the activity. We hereby appoint _____

_____ as our attorney-in-fact and vest any of them with authority to authorize any necessary medical treatment for the minor. By the date of the Activity, the minor is or will be at least _____ years old.

Signature of Father: X _____ Date: _____

Printed Name: _____ Sole Legal Custody Emergency Phone: (____) _____

Witness: X _____ Printed Name: _____

Signature of Mother: X _____ Date: _____

Printed Name: _____ Sole Legal Custody Emergency Phone: (____) _____

Witness: X _____ Printed Name: _____

(BOTH parents must sign unless only one parent or guardian has legal custody. If so, please check box under signature above.)



Tennessee Baptist Churches giving through the Cooperative Program and the Golden Offering for Tennessee Missions make TBC ministries possible.





TENNESSEE BAPTIST CONVENTION

Making Christ Known by Serving Churches

PO Box 728, Brentwood, TN 37024 – 615-373-2255

FOR OFFICE USE ONLY
Camp/Event/Mission Engagement:
Form Received on: By:

CAMPER HEALTH FORM

For Use at Carson Springs and Linden Valley Baptist Conference Centers
And Other Ministries of the EXECUTIVE BOARD OF THE TENNESSEE BAPTIST CONVENTION

Return Completed Form to:
Your church group leader for inclusion with church roster
Questions? Call your church group leader who will contact the camp.

Event: Dates: Location:
Camper Name: First Name Middle Initial Last Name
Date of Birth: / / Boy Girl
Parents/Guardians:
Preferred Phone #: Alternate Phone #:
Church

About health care for short-term camp stays:

- Campers should arrive ready to participate in the program. Should your camper be unable to participate, inform your church group leader about specific limitations. A separate form (Participant Release, Primary Release, Assumption of Risk, and Publication Release) is required for participation in camp activities.
• Campers should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).
• Unless otherwise instructed in writing on this form, all camper medications will be collected and dispensed according to your instructions by the designated camp medical person.
• In case of emergency, your attorney-in-fact will either call the local ambulance service or have the child transported to a clinic or hospital which may be at least 15-20 minutes from the camp.

Camper Health Background:

1. Date (month & year) of camper's most recent tetanus immunization:
2. Is this camper allergic to any food or medication? Yes No
If YES, name the item and indicate the reaction: Intolerance Anaphylaxis
3. Does this camper have asthma? Yes No
If YES, will the camper carry a rescue inhaler during the camp session? Yes No
If YES, does the camper need staff help to use that rescue inhaler? Yes No
If YES, what triggers the camper's asthma?
4. If there is a question about the camper's health and/or in an emergency, your attorney-in-fact will make an attempt to contact you. Please provide emergency contact information for a custodial parent who will be available via phone while your child is attending our program.
Name of Parent: Phone: ()

Health-Care Providers:

Name of camper's primary doctor(s): Phone: ()
Name of camper's dentist(s): Phone: ()
Name of orthodontist(s): Phone: ()

5. Medication: "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins & natural remedies. Send medications in original pharmacy containers with labels which show the camper's name and how much medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

_____ This camper WILL NOT take any daily medications while attending camp.

_____ This camper will take the following daily medication(s) while at camp.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		

The following non-prescription medications may be stocked in the camp First Aid Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program including special dietary needs: (attach a separate sheet if needed).

7. Parent/Guardian Authorization

- I hereby appoint the Camp Manager, Camp Director and/or the Camp Nurse of the Executive Board of the Tennessee Baptist Convention's camp attended by the minor camper listed on this form, as my attorney-in-fact and vest any of them with authority to authorize any necessary medical treatment for the camper.
- I understand that the camp may not be able to accommodate the special needs of the minor campers, such as dietary needs or allergies.
- I understand that I have purchased through the Executive Board of the Tennessee Baptist Convention, by means of the camp fee, a limited accident and illness insurance policy. This policy may pay up to \$2,500 of medical expense, with certain exceptions, for medical treatment required by the camper on this form. Pre-existing and self-inflicted injuries or illnesses are not covered by this policy. Furthermore, I agree to pay any and all medical expenses incurred in the care of this camper, not covered by this policy.
- I agree that the camper is bound by the applicable policies and rules, as amended from time to time. All decisions of the Camp Director are final.
- I agree to accept the risks to my child from not being fully immunized, if such is the case.
- I understand that the camp has limited healthcare on site and that staff will attempt to contact the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue attending the event because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.
- Further, as consideration for my minor child participating in the above mentioned event, I (1) acknowledge that there are certain risks and dangers do exist, including, but not limited to, the hazards of being in a wilderness-type setting, the forces of nature, other acts of God and those existing because of the activities themselves and/or the content of the programs (e.g. the hazards of depending on other people); (2) do hereby assume all risks associated with participation in activities such as walking, running, hiking, etc.; and (3) do hereby hold harmless and agree to indemnify the Executive Board of the Tennessee Baptist Convention, the Tennessee Baptist Convention, their directors, officers, employees, volunteers or agents for any accident which may occur or injury which may be suffered directly or indirectly by my minor child from participating in activities. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors and administrators, for me, my child if my child is a participant, and my and my child's personal representatives and next of kin in the event of my or my child's death or incapacity.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____



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Camp/Event/Mission Engagement: _____

Form Received on: _____ By: _____

ADULT HEALTH FORM

For Use at Carson Springs and Linden Valley Baptist Conference Centers
And Other Ministries of the EXECUTIVE BOARD OF THE TENNESSEE BAPTIST CONVENTION

Return Completed Form to:

Your church group leader for inclusion with church roster

Questions?
Call your church group leader who will contact the camp.

Event: _____ Dates: _____ Location: _____

Adult Name: _____
First Name Middle Initial Last Name

Address: _____

E-Mail Address: _____

Date of Birth: _____ / _____ / _____ Male Female
Month Day Year

Preferred Phone #: (_____) _____ Alternate Phone #: (_____) _____

Church _____

About health care for short-term camp stays:

- Adults should arrive ready to participate in the program. Should you be unable to participate, inform your church group leader about specific limitations. A separate form (Volunteer Supplemental Release and Assumption of Risk Agreement) is required for participation in camp activities.
- Adults should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).

Adult Health Background:

1. Date (month & year) of camper's most recent tetanus immunization: _____

2. Who would you like for us to contact in case of an emergency?

Name of Individual: _____ Relationship to you: _____

Address: _____

Preferred Phone: (_____) _____ Alternate Phone: (_____) _____

3. What other health-related information should the camp know about you? Be sure to include any additional information about your health that may impact your participation in our program including special dietary needs, allergies or medical conditions.

4. Release

- I understand that the camp may not be able to accommodate my special needs, such as dietary needs or allergies.
- I understand that I have purchased through the Executive Board of the Tennessee Baptist Convention, by means of the camp fee, a limited accident and illness insurance policy. This policy may pay up to \$2,500 of medical expense, with certain exceptions, for medical treatment required by the camper on this form. Pre-existing and self-inflicted injuries or illnesses are not covered by this policy. Furthermore, I agree to pay any and all medical expenses incurred in the care of this camper, not covered by this policy.
- I agree to be bound by the applicable policies and rules, as amended from time to time. All decisions of the Camp Director are final.
- If I have not been fully immunized, by signing below, I agree to accept the risks from not being fully immunized.
- I understand that the camp has limited healthcare on site and that staff will attempt to contact the individual listed above in an emergency.
- Further, as consideration for my participating in the above mentioned event, I (1) acknowledge that there are certain risks and dangers do exist, including, but not limited to, the hazards of being in a wilderness-type setting, the forces of nature, other acts of God and those existing because of the activities themselves and/or the content of the programs (e.g. the hazards of depending on other people); (2) do hereby assume all risks associated with participation in activities such as walking, running, hiking, etc.; and (3) do hereby hold harmless and agree to indemnify the Executive Board of the Tennessee Baptist Convention, the Tennessee Baptist Convention, their directors, officers, employees, volunteers or agents for any accident which may occur or injury which may be suffered directly or indirectly by me from participating in activities. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for me, my personal representative and next of kin.

Signature: _____ Date: _____

Printed Name: _____