



## Participant Form

**Bring one notarized copy of this document to registration.** As a group leader, keep a separate copy for medical emergencies. **Attach a photocopy of insurance card.**

**Participant Name:** \_\_\_\_\_ Age (if student): \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed (if student): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_  
Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_  
**Name of Church:** \_\_\_\_\_  
Group Leader Name: \_\_\_\_\_ Group Leader's cell #: \_\_\_\_\_  
Church Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Medical Profile

Generally, the participant's health is: (Circle One)      Excellent    Good    Fair    Poor

If Fair or Poor, please explain: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Circle any of the following that cause you problems & explain:

Asthma	Sinusitis	Bronchitis	Kidney Trouble	Heart Trouble
Diabetes	Dizziness	Stomach Upset	High Blood Pressure	Pregnancy (current)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet needs or other needs: \_\_\_\_\_

Childhood diseases: Chickenpox      Measles      Mumps      Whooping Cough      other: \_\_\_\_\_

Date of last Tetnus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_ Employer: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Permission, Acknowledgements, Release, Indemnity

In the consideration of Participant's ability to participate in the event(s), 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 any event director, church staffer or counselor, event or venue staffer, or adult present in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.
- B. Assume of Risk:** Acknowledge that Camp Crosspoint adventure programs integrate a variety of activities that include warm-ups, games, group initiatives, low ropes, archery, canoeing, kayaking, lake activities, pool swimming, and other rigorous physical adventure activities. The level of individual participation is up to each person, yet there are inherent foreseen and unforeseeable risks involved with each activity that must be assumed by the individual.
- C. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs and video taken during normal camp or event activities, and that these photos/videos may be used in promotional materials, I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.
- D. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless Camp Crosspoint, the venue, any church, event sponsor, trustee, directors, officers, employees, agents, and affiliates 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 camp or the events and or while on property leased or owned by the Release Parties. I further assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any claims and demands for personal injury or death as well as property damage and expense 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 camp and/or event, as applicable.
- E. Understanding:** Represent and acknowledge that: (1) I have completely read and understand this document and all its terms 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.

**Complete and sign below** (Participants who are minors per your state laws require Parent/legal Guardian signature).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary Acknowledgement:** State of \_\_\_\_\_)

County of \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_

who approved to me on the basis of satisfactory evidence to be the person whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/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.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

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

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