

2023 Foundation Church Sponsor/Leader Registration Form

Adult Name _____ Birth Date _____

Male _____ Female _____ Shirt Size _____ Occupation: _____

Church normally attended _____ Are you a Christian? Yes ___ No ___
Not Sure ___

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Persons (relationship) to contact in case of an emergency:

1. _____ (_____) Phone: _____

Vital Information (If more space is needed for vital information, please staple another sheet to the back of this form.)

Please list any allergy: Environmental, Penicillin, other drug, and/or food reaction:

Are you bringing medication to camp? ___NO___ YES

CDIB? ___NO___ YES If yes,
Nation? _____

INSURANCE INFORMATION AND ASSIGNMENT

Name of Insured _____ Address _____

Employer _____ Insurance Co. & Phone

Mail claim to:

Policy # _____ Group # _____ Cert.

I AGREE TO ABIDE BY AND REINFORCE THE RULES AND GUIDELINES SET FORWARD IN GREEN COUNTRY CAMP POLICIES PERTAINING TO ADULT SPONSORSHIP. I AGREE TO MONITOR AND GUIDE CAMPERS IN A CHRIST-LIKE MANNER. IF OVER 18, I AGREE TO A CRIMINAL BACKGROUND CHECK.

I AM ATTENDING CAMP AS A SPONSOR OF MY OWN VOLITION AND WILL NOT HOLD THIS CHURCH OR GREEN COUNTRY CAMP (GREEN COUNTRY BAPTIST ASSEMBLY) RESPONSIBLE FOR ANY ACCIDENT THAT MAY OCCUR. I ALSO GIVE PERMISSION TO ADMINISTER MEDICAL TREATMENT OR ATTENTION IN CASE OF EMERGENCY OR ILLNESS WHILE TRAVELING &/OR WHILE UNDER THE

SUPERVISION OF ABOVE REFERENCED CHURCH, SPONSORS, &/OR CAMP STAFF. I EXPRESSLY UNDERSTAND & ACKNOWLEDGE THAT DURING THE COURSE OF THE CAMP PHOTOGRAPHS &/OR VIDEO FOOTAGE OF MYSELF MAY BE TAKEN & I HEREBY GIVE PERMISSION FOR SUCH PHOTOGRAPHS OR VIDEOS TO BE USED ON THE CAMP WEBSITE &/OR FOR PROMOTIONAL MATERIALS FOR THE CAMP.

□ IN CONSIDERATION OF MYSELF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE EVENTS AND ACTIVITIES OF GREEN COUNTRY BAPTIST ASSEMBLY DBA GREEN COUNTRY CAMP ("GCBA"), THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES, AND AGREES THAT: THE RISKS OF INJURY AND ILLNESS (EX: COMMUNICABLE DISEASES SUCH AS MRSA, INFLUENZA, AND COVID-19) TO MYSELF FROM THE ACTIVITIES INVOLVED IN THESE PROGRAMS ARE SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THESE RISKS, THE RISKS OF SERIOUS INJURY AND ILLNESS DO EXIST; AND, FOR MYSELF, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR MY OWN PARTICIPATION; AND, WILLINGLY AGREE TO COMPLY WITH THE PROGRAM'S STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION. IF I OBSERVE ANY UNUSUAL SIGNIFICANT CONCERN IN MY READINESS FOR PARTICIPATION, I WILL REMOVE MYSELF FROM THE PARTICIPATION AND NOTIFY GCBA; AND, I MYSELF, MY SPOUSE, MY CHILD, AND ON BEHALF OF MY/OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS GCBA; ITS DIRECTORS, OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, VOLUNTEERS, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT TO MY INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS TO THE FULLEST EXTENT PERMITTED BY LAW. I, FOR MYSELF, MY SPOUSE, MY CHILD, AND ON BEHALF OF MY/OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY INDEMNIFY AND HOLD HARMLESS ALL THE ABOVE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO MY INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS TO THE FULLEST EXTENT PERMITTED BY LAW. I ASSERT THAT I UNDERSTAND THE RISKS OF THE ACTIVITY, RESPONSIBILITIES FOR ADHERING TO THE RULES AND REGULATIONS, AND THAT I UNDERSTAND THIS AGREEMENT. I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ /2023

Signature of Sponsor/Leader

Date