

Parental Consent and Medical Authorization
For Minors under the Age of 18
participating in a Ministry event within the domestic United States as sponsored by
The General Council of the Assemblies of God (“GCAG”)

Royal Ranger National Camporama 2022
July 10 – 15, 2022 – Eagle Rock, Missouri

A parent or legal guardian of minor children is required by the GCAG to complete this form, sign, and return to their local church's authorized team leader. The team leader will bring these documents (all pages) on the trip for verification. This form is ONLY valid if completed by a parent or legal guardian of the below-mentioned child. This form must be signed by a parent or the legal guardian and the temporary guardian (if applicable) in the presence of a witness. The information requested is designed to assist the local church in providing for the safety of minors during the church's participation in GCAG-sponsored activities.

Minor's Name ("Child"): _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

Parent/Guardian Name: _____ **Email:** _____

Your relationship to the person named above: Father Mother Legal Guardian

If Address is the same as Child's (skip to phone information):

Address: _____ City, State, Zip: _____

Phone Numbers – Home: _____ Work: _____ Cell: _____

Detailed Description of Activities:

Activities May Include but Not Limited to:

1. Shooting Sports: shooting at stationary targets or trap clay rounds.
 - a. Events include black powder, BB gun, shot gun trap shooting, and air rifle.
 - b. All shooting events have a certified NRA Range Safety Officer (RSO).
 - c. All black powder participants are required to having been certified through a NRA/NMLRA black powder instruction course (shooter's card).
2. Archery shoot: shooting at stationary paper or 3D targets.
3. Archery Tag: shooting foam tipped arrows at another team in a bunker course.
4. 5K Run: running or walking in a 5K event
5. Inflatables: inflatable activities
6. High ropes course
7. Rappelling wall
8. Carnival games
9. Minute to Win It games
10. Laser Tag
11. Ranger Derby: racing derby cars built at home and brought to Camporama.
12. Swimming
13. Craftsman's Fair: FCF members display their wares that are mostly handmade, and period correct for FCF. (This is activity is display only)
14. Flint and Steel: starting fires by striking flint with a steel strike.
15. Frontier Campsite: a primitive camping environment where cooking is done over campfires or charcoal fires. Sleeping is in canvas tents. Lighting is provided via candlelight or oil lanterns.
16. Outdoor Cooking
17. Games and Team Competitions

- a. Board games such as checkers, chess, nine-man Morris (strategy board game), Shut the box (dice board game)
 - b. Tug-o-war
 - c. Whirligig (wooden spinner toy)
 - d. Tabletop Nine Pins (bowling)
 - e. Ball & Cup (catching a little ball in a cup attached to each other with a string)
 - f. Quoits (throwing rope circles at a ground stake)
 - g. Corncob darts (throwing a corncob with a wooden point and fletching through loops suspended in the air on a rope at various distances)
 - h. Scavenger Hunt
 - i. Roll the Hoop
 - j. Slingshots-rock throwing
 - k. Tomahawk and Knife – throwing knives and tomahawks at a target
 - l. Soccer
 - m. Flag football
 - n. Backyard games
 - o. Gaga ball
 - p. Nine square in the air
 - q. Water bottle rockets
 - r. Relay races
18. Merit Stations
 19. Outfit Judging
 20. Blacksmithing
 21. Pathfinder Missions Africa Tabernacle Construction: teaching men and boys how to help erect a tabernacle on a missions trip.
 22. Hiking: boys and leaders will walk from campsite to areas of activity
 23. Trams rides: riding on trams pulled by tractors from one location to another.
 24. Trading Stations: where minors trade frontier style items.
 25. Playing in the water or swimming in a lake, creek, or pool
 26. Spontaneous activities organized and unorganized among the boys and men at the event.

Dates and locations of activities:

Activities will take place July 10-15, 2022, in Eagle Rock Missouri and surrounding areas.

Risks of the above listed activities include, but are not limited to:

Lifeguards may not be provided for any swimming activities that may occur at the sponsored event or any accommodation.

No supervision would be provided to monitor food served at the event or any food stand or in hotels or restaurants en route.

I hereby understand and acknowledge the physical rigors associated with the above-referenced activities and/or use of any such equipment and understand that participation involves risks and dangers which include, without limitation, prolonged walking or other activity in various terrains, splinters, punctures, bruises, smoke inhalation, hearing damage, falling from heights, serious bodily injury, permanent disability, disease, sprains, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat-stroke, heat exhaustion, or other heat-related illness, heart attack, drowning, or death, inaccessibility of medical care, inadequate medical personnel or facilities, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of GC, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). I understand these Risks may be caused in whole or in part by the Child's own actions or inactions, the actions or inactions of others participating in the activities, and knowing such, I hereby expressly authorize and give permission for the Child to participate in any and all of the above-referenced activities except as specified herein.

General Potential Risks include but are not limited to burns, rashes, cuts, sore muscles, exposure to food or other allergies, food poisoning, injuries due to trips & falls, as well as contact with hazardous plants and bites from insects, ticks, mosquitos, spiders, mammals, and/or snakes when engaging in outdoor activities.

IN CONSIDERATION of my Child being accepted to participate in the GC-sponsored event on the date(s) and location as specified herein, and other considerations the sufficiency of which is acknowledged, I, the undersigned, being the parent or legal guardian of the Child named above do hereby consent to the Child's participation, including, but not limited to, all of

the activities specified herein and any customarily associated with such a GC-sponsored event except for those listed below, if any.

I DO NOT WANT MY CHILD PARTICIPATING IN any of the following activities *(If your Child has no restrictions, please write "N/A")*:

I approve the following travel plans:

Dates of Travel: _____

Destinations/City and State: _____

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Sending Church: _____ Church Location: _____

Transportation (as of this date), Subject to Change:

By commercial or private carrier, by carpool, or by church or personal vehicle to Eagle Rock, Missouri, the host location for the Event. Upon the event’s conclusion, participants will fly, ride, or drive to their home destination.

WARNING REGARDING COVID-19

I, the parent or legal guardian of Child acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I further acknowledge that the GCAG has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that the GCAG cannot guarantee that my Child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of my Child and others, including, but not limited to, the GCAG and its employees and staff. I voluntarily seek to have my Child participate in the Event and acknowledge that I am increasing their risk to exposure to the Coronavirus/COVID-19. I acknowledge that we are solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

Under Missouri law, any individual entering the premises or engaging the services of the business waives all civil liability against the individual or entity for any damages based on inherent risks associated with an exposure or potential exposure to COVID-19, except for recklessness or willful misconduct.

I, the parent or legal guardian of the Child, confirm I understand if our child begins exhibiting symptoms of COVID-19 they will not be allowed to participate in The Event and/or will be required to leave until they have been cleared as non-contagious by state or local public health authorities.

I attest that

- My child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I understand our child’s travel and participation in the trip will not be permitted if they experience any of these symptoms within 14 days of departure.
- I do not believe our child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. In the event I believe our child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within 14 days prior to departure, I understand our child’s travel and participation in the trip will not be permitted.

- In the event our child is diagnosed with Coronavirus/Covid-19 any time prior to departure and has not yet been cleared as non-contagious by state or local public health authorities, I understand our child's travel and participation on the trip will not be permitted.

My child is following all CDC, state and local government recommended guidelines as much as possible and limiting their exposure to the Coronavirus/COVID-19.

Medical Information:

Family Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Is your Child presently being treated for injury/sickness? No Yes (explain).

Is your Child presently taking any form of medication? No Yes (if so, complete the table below).

Any personal medications (prescription and/or over the counter), vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original bottle in order to be administered to Participant. All meds must be original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage. Please indicate below all medications currently being used, including items for occasional or emergency use. Attach additional written documentation if additional space is needed.

Medication	Strength	Frequency	Approx. Date Started	Needed For

Medical History: Does your Child currently have (or has been treated) for these conditions? No Yes (explain)

Y	N	Condition
		Abdominal/digestive problems
		Asthma/breathing problems
		Behavioral/neurological disorders
		Bleeding disorders
		Diabetes (Type 1)
		Diabetes (Type 2)
		Ear/sinus problems

Y	N	Condition
		Excessive fatigue
		Fainting spells
		Kidney disease
		Thyroid disease
		Heart disease, heart attack, heart murmur
		Hypertension(high blood pressure)
		Stroke

Y	N	Condition
		Lung/respiratory disease
		Muscular/skeletal condition
		Sleep disorders
		Sickle cell disease
		Seizures
		Allergies

Does your Child have any medical, food, or environmental allergies? No Yes (list all with expected reactions for each).

*****Food service, if any is provided at the event, will not be able to meet special dietary needs (food allergies, vegetarian, etc.). If your child has special dietary needs, you must plan to meet those needs on your own. Peanuts and peanut oil may be used in preparation of meals served at this event. Additionally, some food products may be produced in a factory where nuts and peanuts are used and therefore allergen contamination of these products may occur.*****

Does your Child have any physical condition or illness that would prevent their participation? No Yes (explain)

Does your Child have (or ever had) any medical condition requiring special attention? No Yes (explain)

I certify my Child can pass a swim test, swimming 100 yards without any assistance in six feet of water. No Yes

IMMUNIZATIONS: GCAG recommends you follow CDC recommendations for vaccines and immunizations.

Please indicate below if your Child has received the immunization listed below, & the date received:

Immunized?		Immunization	Date Received	Had disease?		Date you last had the disease
Y	N			Y	N	
		Td/TDAP – Tetanus, diphtheria, pertussis				

Medical Treatment Authorization

I, the parent or legal guardian of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, if we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I, the parent or legal guardian of Child, understand that GCAG and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university GCAG and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify GCAG, its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney’s fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless GCAG from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I agree to notify GCAG in the event of any health changes which would restrict the Child’s participation in the Event. I also understand that any GCAG representative reserves the right to restrict the Child from any activity for any reason.

I understand and agree that if, during the Child’s participation in the above-described activities, GCAG learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then GCAG will first attempt to contact me directly and then any Emergency Contact named above.

I understand that while the above-named Child participates in the Event, he or she is responsible to comply with all orders and directives of the local church's team leader and/or GCAG staff in charge.

IN CONSIDERATION of our Child being accepted for this Event, I, the undersigned, being the parent or legal guardian of the Child named above do hereby consent to the Child's participation in this Event, sponsored by GCAG to the destination noted above, including, but not limited to, all of the activities customarily associated with a GCAG trip unless noted above.

1. Status - I hereby certify that the Child is physically fit and adequately trained to participate in the Event. I further certify that the Child has followed and is following all procedures (vaccinations, immunizations, shots, serums, medications, etc.) recommended by our family doctor.
2. **PARENTAL / LEGAL GUARDIAN GENERAL RELEASE AND ASSUMPTION OF RISK:**

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MYSELF AND MY CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH MY CHILD MAY SUFFER, OR FOR WHICH MY CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

5. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
7. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS My OWN FREE ACT.

Photograph & Video Release Form

I hereby grant GCAG permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that GCAG may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release, defend, hold harmless and indemnify GCAG from any and all claims for utilizing this material.

Insurance Election

I am aware of the hazards and risks to the Child associated with participating in this GC-sponsored event at the above specified location. I further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Royal Rangers National Ministries Special Risk Insurance Program

The Royal Rangers National Ministries of The General Council of the Assemblies of God has made the following insurance benefits available for all registrants while participating in events sponsored and supervised by The Royal Rangers National Ministries. Below is a brief overview of the travel insurance benefits being offered and contact information in the event of an emergency.

Who is eligible for coverage?

Class 1 - Participants of the Royal Ranger National Camporama 2022 ministry event.

What is covered?

Accidental Death Benefits:

If, within 365 days of a covered accident, injury results in an accidental death.

Principal Sum

Class 1- \$10,000

Accident Medical Expense Benefits:

If, within 30 days of a covered accident, injury results, we will pay up to your selected benefit maximum for covered expenses. The benefit amount for Accident Medical Expense is payable only for Medical Expenses incurred within 180 days after the accident. The benefit amount is payable on an excess basis.

Class 1- \$10,000

Sickness Expense Benefits:

No Coverage.

Contact Information:

CHUBB Insurance Company
Accident & Health Claims
P.O. Box 5124
Scranton, PA 18505

Email: ACEAandHClaims@Chubb.com

Customer Service: 1-800-336-0627
Switchboard hours: 8:00 am to 4:30 pm EDT, weekdays

After hours, please leave a message at 1-302-476-6194 to receive a return call the next business day.

Please reference: NATIONAL ROYAL RANGERS MINISTRIES, Policy #9908-8333

Important Notice

This information is a brief description of the important features of the insurance plan. The terms and conditions of coverage are set forth in the policies issued in the state of Missouri. Insurance Benefits are underwritten by Federal Insurance Company. The policy is subject to the laws of the state in which it was issued.

Temporary Guardianship

A temporary guardianship is required if parent or legal guardian is not traveling with the Child. The temporary guardian must be 21 years old and must sign this form in the presence of a witness.

I the parent or legal guardian of the Child listed above do hereby grant temporary guardianship of Child to (Approved church leader's name who will accompany the group) _____ as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period.

I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

I attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name (printed): _____

_____	_____	_____
<i>Parent's / Legal Guardian's Signature</i>	<i>Parent's / Legal Guardian's Printed Name</i>	<i>Date signed</i>
_____	_____	_____
<i>Temporary Guardian Signature (if applicable)</i>	<i>Temporary Guardian's Printed Name (if applicable)</i>	<i>Date signed</i>
_____	_____	_____
<i>Witness Signature</i>	<i>Witness Legal Printed Name</i>	<i>Date signed</i>