

# MINOR PARTICIPANT AGREEMENT & MEDICAL RECORD

CAMPER ID: (for camp use only)

National Camporama – July 20-24, 2020 – Eagle Rock, MO

Registration for National Camporama must be submitted by mail. Print applications are available online at NationalCamporama.com or may be requested by e-mail at Rangers@ag.org. This "Participant Agreement & Medical Record" form and the "2020 National Camporama Application" form must be submitted for ALL participants (adults & minors). Your registration will not be complete until these forms have been received.

PARTICIPANT'S NAME: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ranger District: \_\_\_\_\_ Outpost \_\_\_\_\_

Denomination \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PARTICIPANT'S FATHER/GUARDIAN: \_\_\_\_\_ PARTICIPANT'S MOTHER/GUARDIAN: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

HEALTH INSURANCE COMPANY COVERING PARTICIPANT: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

HEALTH HISTORY: Does participant currently have, or have you ever been treated for any of the following?

Y	N	Condition
		Abdominal/digestive problems
		Asthma/breathing problems
		Behavioral/neurological disorders
		Bleeding disorders
		Ear/sinus problems
		Excessive fatigue

Y	N	Condition
		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

If yes to any, please explain: \_\_\_\_\_

IMMUNIZATIONS: The following immunizations are recommended. The CDC (Center for Disease Control) also recommends that you be current on the following immunizations: Influenza (flu), Pneumonia, Meningococalla, Hepatitis A, Hepatitis B and Polio. Please indicate below if you have received the immunization, & the date received.

Immunized?		Immunization	Date Received	Had disease?		Date(s) you had the disease
Y	N			Y	N	
		Td/TDAP – Tetanus, diphtheria, pertussis				
		MMR – Measles, Mumps, Rubella				

MEDICATIONS: Please indicate below all medications currently being used, including items for occasional or emergency use. Attach additional forms if additional space is needed.

\*\*\*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 to the first aid station 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.\*\*\*

Medication	Strength	Frequency	Approx. Date Started	Needed For

Does the Participant have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? Yes \_\_\_ No \_\_\_  
 (If yes, please explain) \_\_\_\_\_ Can the participant swim? Yes \_\_\_ No \_\_\_

Please provide additional information concerning current health or medical conditions not referenced elsewhere: \_\_\_\_\_

\*\*\*Food service at National Camporama will not be able to meet special dietary needs (food allergies, vegetarian, etc.). If you have 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.\*\*\*

## Medical Treatment Authorization

We, the parents and/or guardians of Participant, understand that we will be notified in the case of a medical emergency involving the Participant. However, in the event that 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 Participant is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider:

We, the parents and/or guardians of Participant, understand that National Camporama or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We hereby agree to hold harmless, defend and indemnify National Camporama & General Council of the Assemblies of God, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers 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, including the negligence or gross negligence of National Camporama (collectively "claims"), that may be asserted by anyone and that has any relation to the Participant. It is our express intention to defend, indemnify and hold harmless National Camporama from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of Participant.

We agree to notify National Camporama in the event of any health changes which would restrict the Participant's participation in any activities. We also understand that any National Camporama representative reserves the right to restrict the Participant from any activity for any reason.

**A photocopy or facsimile of this authorization shall be as valid as the original.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT FOR PARENTAL CONSENT; RELEASE AND ASSUMPTION OF RISK; AND PHOTOGRAPH & VIDEO RELEASE**

The signature of a parent or legal guardian is required for a minor to attend and participate in the activities at the 2020 National Camporama at Eagle Rock, MO, July 20 - 24, 2020. I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact David Morrison, National Training Coordinator, [dwmorrison@ag.org](mailto:dwmorrison@ag.org), (417)862-2781 ext. 4193.

**PARENTAL CONSENT & AGREEMENT [Parent or Guardian please fill out as completely as possible.]**

In consideration of my child's participation in the activities listed below on the date and at location above (herein the "Activity"): We, being the parents or legal guardians of the Participant named above (the "Participant"), do hereby consent to the participation of the Participant in the activities of the 2020 National Camporama. Activities include outdoor activities including hiking in which participants may be subject to hazardous plants and bites from insects, ticks, mosquitos, spiders, and snakes. Other activities include swimming in a pool (lifeguard present) team games such as soccer and flag football and others, recreational games (relay race style, push carts, tug-of-war, etc.), rock wall climbing, zip-lines and paintball (safety mask included), repelling tower and high and low ropes course, archery tag, and inflatables. We will also have a shooting range for archery, daisy BB guns, Trap with clay targets, a .22 rifle range and a Black Powder rifle use (NRA certified safety officers will be supervising these events). We will also have tomahawk and knife throwing. All participants are required to take a swim test. We hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, we certify that Participant is physically able and adequately trained to participate in such events, specifically swimming. We hereby understand and acknowledge the physical rigors associated with the above-referenced activities and/or use of such equipment and understand that participation involves risks and dangers which include, without limitation, serious bodily injury, permanent disability, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack or death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of Eagle Rock Retreat Camp, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). We understand these Risks may be caused in whole or in part by Participant's own actions or inactions, the actions or inactions of others participating in the activities, and knowing such, we hereby expressly authorize and give permission for Participant to participate in any and all of the above-referenced activities. I verify that my child is or will have graduated 3<sup>rd</sup> grade and be at least 9 years old by July 19, 2020. If graduated from 3<sup>rd</sup> grade and still 8 years old, he will be accompanied by his father or his male legal guardian. I also understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

We **DO NOT AUTHORIZE** our child/Participant to participate in any of the following activities: \_\_\_\_\_

We also hereby give permission to the camp staff to inspect the contents of any or all of our child's personal belongings, and to withhold any unapproved contents. I understand that if our child misbehaves and violates the camp rules, we may be called to pick him up.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL RELEASE AND ASSUMPTION OF RISK:**

**KNOWING THE RISKS DESCRIBED ABOVE, WE BEING THE PARENTS/LEGAL GUARDIANS OF CHILD/PARTICIPANT AGREE TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING MY CHILD'S PARTICIPATION IN THE NATIONAL CAMPORAMA 2020 TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY GENERAL COUNCIL OF THE ASSEMBLIES OF GOD 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 I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATION OF THE PARTICIPANT IN THE NATIONAL CAMPORAMA (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY 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.**

We hereby warrant that we have read this Agreement carefully, understand its terms and conditions, and acknowledge that we are giving up substantial legal rights by signing it. We acknowledge we have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

We 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.

We 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 **WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS OUR OWN FREE ACT.**

We understand and agree that no oral or written representations can or will alter the contents of this document. We agree that this agreement shall be governed by the laws of the State of Missouri, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

**A photocopy or facsimile of this consent and release shall be as valid as the original.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPH & VIDEO RELEASE**

We, Participant's parents and/or legal guardian, hereby grant National Camporama and General Council of the Assemblies of God permission to the rights of Participant's image, likeness and sound of Participant's voice as recorded on audio or video tape without payment or any other consideration. We understand that Participant's image may be edited, copied, exhibited, published or distributed and we hereby waive the right to inspect or approve the finished product wherein Participant's likeness appears. Additionally, we waive any right to royalties or other compensation arising or related to the use of Participant's image or recording.

We agree that National Camporama and General Council of the Assemblies of God may use such images of Participant with or without Participant's name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content.

We understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used and/or distributed.

We, the parents and/or legal guardian acknowledge that we have completely read and fully understand this release and agree to be bound thereby. It is our express intention to defend, indemnify and hold harmless National Camporama and General Council of the Assemblies of God from any and all claims arising out of, or resulting from, or in any manner relating to National Camporama and General Council of the Assemblies of God of Participant's image, likeness and sound.

**A photocopy or facsimile of this authorization shall be as valid as the original.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_