2023 ALABAMA A/G GIRLS CAMP - ADULT VOLUNTEER

CHURCH NAME_____City_____Email_____

Street /Mailing Address_____ST_____ZIP_____Ph_____

Senior Pastor Reference: How long have you know applicant?_____ In what type of relationship?_____
Do you recommend applicant to work at this camp?_____ Any information that would be helpful to us?_____
I affirm that if I know or learn of anything that might affect this applicant's suitability for serving at Alabama Assemblies of God Girls Camp that should be communicated privately, I will immediately contact the C.E. Director and communicate all relevant information to him. (334.279.7172 ext.4)
SENIOR PASTOR SIGNATURE_____PRINT NAME_____DATE_____

July 17-20, 2023

ADULT PERSONNEL INFORMATION (Please PRINT clearly in black or dark blue ink.)

Last Name_____First_____Phone_____SSN_____

Mailing Address _____City_____ST.____ Zip_____

Date of Birth (MANDATORY)_____/_____/_____ Age ____Gender (at birth): __M __F Consent for Security Check(MANDATORY): __Yes __No

Ministry Position: Position you hold _____ How Long?_____
Where?_____City_____State_____Zip_____

Have you worked Alabama A/G Camp before?_____ If yes, how many years?_____ Another camp? _____ Camp Name_____
Do you use tobacco? ___YES ___NO Do you drink alcoholic beverages? ___YES ___NO Do you use Illegal non-prescription drugs? ___YES ___NO
Do you have physical conditions preventing you from performing certain types of activities? If so, explain._____
Are you known to be a carrier of any contagious disease or virus? If yes, explain. _____
Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, explain_____
_____
Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If yes, explain_____

If you are preordering a t-shirt, please list your t-shirt size_____

HEALTH HISTORY AND MEDICAL TREATMENT AUTHORIZATION

EMERGENCY CONTACT INFORMATION Please print clearly, listing three contacts in order of preferred contact.

Emerg. Contact #1 _____ Relationship_____ Day Phone _____Cell Phone_____
Emerg. Contact #2 _____ Relationship_____ Day Phone _____Cell Phone_____

PHYSICIANS INFORMATION:
NAME: _____
PHONE: _____

INSURANCE INFORMATION:
INSURANCE CO._____
GROUP # _____ POLICY # _____

Date of Last Tetanus_____
Are Immunizations current? __YES __NO

Permission given for the following over-the-counter medications to be given to participant as needed, as directed per age/weight: Please check __Acetaminophen, __Ibuprofen __Benadryl __Zyrtec 10mg __Antibiotic Ointment __Antacid (Tums) __Pepto Bismol __ Emetrol

Any medications (prescription and /or over-the counter, vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original

Does the participant have any of the health issues below? Please check all that apply.

	CONDITION	YES	NO	TREATMENT		CONDITION	YES	NO	TREATMENT
1	Asthma			Inhaler? Yes No	7	Bleeding			
2	Diabetes				8	Bee Sting Allergy			Epi Pen? Yes No
3	Epilepsy/Seizures				9	Peanut/Nut Allergy			Epi Pen? Yes No
4	Heart Condition				10	Other Food Allergy			Epi Pen? Yes No
5	Orthopedic				11	Drug Allergy			Epi Pen? Yes No
6	Fainting				12				

GENERAL RELEASE

Participant Name_____

I authorize the Springville Camp and Conference Center, the Alabama Ministry Network of the Assemblies of God, and their officers, directors, employees, volunteers, and agents to have access to all registration and medical information given on this application to be used in the treatment/care of myself while I am attending the event applied for.

SIGNATURE: _____ DATE: _____

PARTICIPANT CONSENT

In consideration of the participation in the activities listed below on the date above and at location named below (herein the activity): I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations: I hereby represent that : (i) I am in good health and in proper physical condition to participate in the Activity, and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity. I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks and dangers which include outdoor activities in which the participant may be subject to bites from insects, mosquitoes, ticks, spiders, and or snakes. Activities include rock wall climbing, basketball, volleyball, swimming in pool, canoeing, paddle boats, water inflatables which include the blob, jungle joe, water trampoline, aqua glide, rock-it, log roll, and wet willie (water slide) , zip-line into lake, (life jackets required for all lake activities and certified lifeguards always on duty) zip line across lake, recreational games (relay race style, tug of war, slip n' slide, etc.) which may include water and mud. I hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, I certify that Participant is physically able and adequately trained to participate in such events, specifically swimming, without limitation, and understand that there is risk and danger for serious bodily injury, permanent disability, paralysis, 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 Alabama Assemblies of God Girls Camp, 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 Participant's own actions or in actions, the actions or inactions of others participating in the Activity, and I hereby expressively assume all Risks and responsibility for any damages, liabilities, losses, or expenses which I incur as a result of my participation in the Activity. I also accept sole responsibility for my own conduct and actions while participating in the Activity, and the condition and adequacy of my equipment. I understand and agree that if, during my participation in the Activity, Alabama Assemblies of God Girls Camp becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, those in charge have my permission to contact my provided "emergency contact".

DATE SIGNATURE PRINT NAME

GENERAL RELEASE AND ASSUMPTION OF RISK

Knowing the risks described above, I agree, on behalf of my family, heirs, and personal representatives to assume all the risks and responsibilities, known and unknown, surrounding my participation in the activity, to the maximum extent allowed by law, I release, hold harmless, and agree to indemnify Alabama Assemblies of God Girls Camp, Springville Camp and Conference Center and the Alabama Ministry Network 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 my participating in the activity (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. I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge I am giving up substantial legal rights by signing it, (including the rights of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I 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. 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. 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 we voluntarily sign this agreement as my own free act.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of State of Alabama, which shall be the forum for any lawsuits filed under or incident to this Agreement or the above-described activities.

DATE SIGNATURE PRINT NAME

CORONA VIRUS/COVID-19 WARNING & DISCLAIMER

Coronavirus, Covid-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. Covid-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Alabama Ministry Network programs or accessing the Alabama Ministry Network of the Assemblies of God facilities could increase the risk of contracting Covid-19. The Alabama Ministry Network of the Assemblies of God in no way warrants that Covid-19 infection will not occur through participation in Alabama Ministry Network of the Assemblies programs of accessing Alabama Ministry Network of the Assemblies of God facilities.

DATE SIGNATURE PRINT NAME

PHOTOGRAPH AND VIDEO RELEASE

PARTICIPANT NAME:_____

I, the Participant, hereby grant Alabama Assemblies of God Girls Camp, Springville Camp and Conference Center, and the Alabama Ministry Network 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. I understand that my image may be edited, copied, exhibited, published, or distributed and we hereby waive the right to inspect or approve the finished product wherein I, the Participant's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of Participant's image or recording. I, the Participant, agree that Alabama Assemblies of Girls Camp, Springville Camp and Conference Center and the Alabama Ministry Network of the Assemblies of God may use such images of me with or without my name and for any lawful purpose, including for such purposes as publicly, illustration, advertising, and web content. I, the Participant, understand there is no time limit on the validity of the release nor is there any geographic limitation on where these materials may be used and or distributed. I, the Participant, have completely read and fully understand this release and agree to be bound thereby. It is my express intention to defend, indemnify and hold harmless Alabama Assemblies of God Girls Camp, Springville Camp and Conference Center, and the Alabama Ministry Network of the Assemblies of God from all claims arising out of my image, likeness, sound.

_____ _____ _____

DATE SIGNATURE PRINT NAME

MEDICAL TREATMENT AUTHORIZATION

PARTICIPANT NAME:_____

I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations: I, the Participant understand and authorize the calling of a doctor and the providing of necessary medical services in the event I, the Participant is injured or becomes ill. I do authorize any or more of the following persons to administer medications or treatment needed, and/or to make emergency medical care decisions on behalf of me, the Participant, if required by law or a health care provider. I, the Participant, understand that Springville Camp and Conference Center, Alabama Assemblies of Girls Camp, or the Alabama Ministry Network of the Assemblies of God, or any of its agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of authorization. I hereby agree to hold harmless, defend and indemnify Alabama Assemblies of God Girls Camp, Springville Camp and Conference Center, the Alabama Ministry Network 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 Alabama Assemblies of God Girls Camp, Springville Camp and Conference Center, or the Alabama Ministry Network of the Assemblies of God (collectively claims) that may be asserted by anyone and that has any relation to the Participant. It is my express intention to defend, indemnify and hold harmless Alabama Assemblies of God Girls Camp, Springville Camp and Conference Center and the Alabama Ministry Network of the Assemblies of God from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant. I agree to notify Alabama Assemblies of God Girls Camp in the event of any health changes which would restrict me, the Participant's participation in any activities. I also understand that Alabama Assemblies of God Girls Camp representative (s) reserve the right to restrict me, the Participant from any activity for any reason.

_____ _____ _____

DATE SIGNATURE PRINT NAME

COVID-19 INDEMNIFICATION AND HOLD HARMLESS

In consideration of my participation in this event, I agree to INDEMIFY AND HOLD HARMLESS Releasees from all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in this event.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in this event participation and that I, on behalf of myself am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in this event and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify I am in good health and have no conditions or impairments which would preclude my participation in this event.

_____ _____ _____

DATE SIGNATURE PRINT NAME

CDC PROTOCOL

I, the participant, understand and will abide by the CDC, ADPH and local guidelines that are put in place at the time of this event.

_____ _____ _____

DATE SIGNATURE PRINT NAME

Application and a non-refundable pre-registration fee by check or online payment is due one week prior to camp:
Alabama AG | Christian Education Department | 5919 Carmichael Road | Montgomery, AL 36117

Alabama AG Girls Camps are held at Springville Camp & Conference Center, 3886 Mountain View Road, Odenville, AL 35120 and is open to all persons, regardless of race, creed or color.