

2024 ALABAMA AG KIDS CAMP - CAMPER

CHURCH NAME _____ City _____ Email _____
 Street /Mailing Address _____ ST _____ ZIP _____ PH _____

We, as their pastors, understand that it is our responsibility to verify that every child we bring to camp has health insurance coverage. We understand that The Alabama District of the Assemblies of God and/or Springville Camp and Conference Center is not liable for loss, illness, injury, or accident to this applicant. We recommend this applicant for AG Kids Camp.

Senior Pastor Signature _____ Children's Pastor/Leader Signature _____

CIRCLE Tim Camp 1 May 26-29 Kelly Camp 3 June 2-5 Tabitha Camp 5 June 9-12
 ONE: Jones Camp 2 May 29-June 1 Presson Camp 4 June 5-8 White Camp 6 June 12-15

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

Last Name _____ First _____ Nickname _____ Phone _____
 Mailing Address _____ City _____ ST. _____ Zip _____
 Date of Birth (MANDATORY) _____ Age _____ Gender (at birth) ___M___F Foster Child: ___Yes___No
 Mother/Guardian's Name: _____ Father/Guardian's Name _____
 Phone _____ Email _____ Phone _____ EMAIL _____

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 ___Generics of the above may be used.

Any 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 at check-in to be administered to Participant.

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				

1 Is the Participant presently being treated for an injury, sickness or taking any form of medication for any reason? ___YES___NO If yes, please explain:

2 Please list medication, foods, or environmental allergens that Participant is allergic to and the allergy reactions if not mentioned above:

3 Please list any childhood diseases, serious illness, injuries and surgeries the Participant has or has had:

4 Does the Participant require any medications to be administered? ___YES___NO. If yes, secure and fill out **CAMP MEDICATION FORM** (adcag.org)

5 Does Participant have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? ___YES___NO If YES, please explain:

GENERAL RELEASE:

PARTICIPANT NAME: _____

We, the parents/legal guardians 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 the registrant while they are attending the event applied for.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENTAL CONSENT:

PARTICIPANT NAME: _____

In consideration of my child's participation in the activities listed below on the date above and at location named below (herein the activity):

We, being the parents or legal guardians of the child named above, do hereby consent to the participation of the activities of the Alabama Assemblies of God Kids Camp located at 3886 Mt. View Rd., Odenville, AL. 35120. Activities include outdoor activities in which the participants 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, rocket, 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. 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 understand that participation involves risks and dangers which include, without limitation, 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 The Alabama Assemblies of God Kids 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 all the above-referenced activities.

We **DO NOT AUTHORIZE** our child/Participant in any of the following activities: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

PARTICIPANT NAME: _____

We, being the parents/legal guardians of child participant agree, to assume all the risks and responsibilities, known and unknown, surrounding child's participation in the activity. To the maximum extent allowed by law, we release, hold harmless, and agree to indemnify Alabama Assemblies of God Kids 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 we or participant may suffer, or for which we or participant may be liable to any other person, related to the participant's participating in the activity (including periods in transit to or from destinations), resulting from any cause, including but not limited to negligence on participants 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, 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 Alabama, 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 authorization shall be as valid as the original.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

CORONA VIRUS/COVID-19 WARNING & DISCLAIMER:

PARTICIPANT NAME: _____

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 or accessing Alabama Ministry Network of the Assemblies of God facilities.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

CDC PROTOCOL:

PARTICIPANT NAME: _____

We, the parents/and or legal guardians of said participant understand and have discussed with participant that they will abide by the CDC, ADPH, and local guidelines that are put in place during this event.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PHOTOGRAPH & VIDEO RELEASE:

PARTICIPANT NAME: _____

We, Participant's parents and/or legal guardians, hereby grant Alabama Assemblies of God Kids 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. 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 Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center and The Alabama Ministry Network 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 Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center, and the Alabama Ministry Network of the Assemblies of God from all claims arising out of Participant's image, likeness, sound.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

MEDICAL TREATMENT AUTHORIZATION:

PARTICIPANT NAME: _____

We, THE PARENTS AND/OR LEGAL 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 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: Alabama Ministry Network of the Assemblies of God, or any of its agents, employees, or volunteers.

We, the parents and /or legal guardians of Participant, understand that Springville Camp and Conference Center, Alabama Assemblies of God Kids 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 based on the authorization. We hereby agree to hold harmless, defend and indemnify Alabama Assemblies of God Kids Camp, Springville Camp and Conference Center, the Alabama Ministry Network, 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 Kids 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 our express intention to defend, indemnify and hold harmless Alabama Assemblies of God Kids 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.

We agree to notify Alabama Assemblies of God Kids Camp in the event of any health changes which would restrict the Participant's participation in any activities. We also understand that Alabama Assemblies of God Kids Camp representative (s) reserve the right to restrict the Participant from any activity for any reason.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

COVID-19 INDEMNIFICATION AND HOLD HARMLESS:

PARTICIPANT NAME: _____

In consideration of the named minor's participation in this event, I, the undersigned parent/legal guardian of the named minor, agree to indemnify and hold harmless Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's participation in this event. I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation in this event and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in this event and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in this event.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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