Rockridge - 2026 Release Form

Church Information:

Date:_____ Name of Church or Group: _____

Group Leader:_____ Group Leader's Cell#: (___)_____

Church Address:_____ City: _____ State:_____ ZIP:_____

Camper's Information:

Name: _____ Age: _____

Date of Birth: ___/____/____ Grade Completed (Camper Only) _____

Address: _____ City:_____ State:_____ ZIP:_____

In case of emergency notify: _____

Relationship to Camper: _____

Phone number: HOME: (___)_____WORK: (___)_____ MOBILE: (___)_____

Permission, Acknowledgements, Release, Indemnity

I the undersigned, if Camper is a minor, I the undersigned Parent/Guardian hereby:

A. Permission for Medical Treatment: Grant my permission for any camp staffer, church staffer or counselor, director, or adult present in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Camper, including transporting Camper to a medical facility and sharing the above information with the medical personnel, and further hereby give permission for medical personnel to administer medical care to Camper, as necessary.

B. Activities Acknowledgement and Permission: I acknowledge and give permission for Camper to be involved in(1) activities including but not limited to archery, archery tag, kayaking, low ropes, team swing, boating, canoeing, swimming, and hayrides. (2) The Camper assumes all the risks involved in the aforementioned activities. (3) it is the sole responsibility of each person who participates in said activities under the supervision of a camp staffer, counselor, and/or other adult(s) by participating in the activity, the Camper acknowledges he or she understands the rules and guidelines and will comply with all the rules and regulations.

C. Photograph/Video Acknowledgement and Permission: Acknowledging that there may be photographs taken or videotaping during normal project or event activities and these photos/videos may be used in promotional materials.

D. Release and Indemnify: Acknowledge and agree that I release and forever hold harmless Rockridge Baptist Assembly (a/k/a Camp Rockridge), the venue, church, event sponsors as well as their members, trustees, directors, officers, employees, agents, and affiliates (collectively, the "released Parties") from any and all claims or demands for personal injury, sickness, virus (Covid-19) and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in the events and/or while on camp property. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions of me or my minor child.

E. Understanding: Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel. (3) By signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original.

Complete and sign below

(Campers who are minors per state laws require Parent/Legal Guardian signature)

Camper's Signature: _____ Date: ___/___/_____

Parent/Guardian: _____Phone:(___)_____ Date: ___/___/_____

Witness_____

Relationship to Camper/Guardian _____

Print Name: _____