



Lake Providence Missionary Baptist Church, Inc.
YOUTH MINISTRY

2017 CHAPERONE REGISTRATION, WAIVER and RELEASE FORM

Cost per person: \$25.00 All fees are due and non refundable at registration

All Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) or facilitated by SSBCC staff off campus, may be asked to have a Waiver & Release signed and witnessed, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed. Release form must be presented at check in.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS

Event Name: LPMBC Youth Retreat 2017	Event Date: June 16-18, 2017
Church Name: Lake Providence Missionary Baptist Church	Church Phone: 615-833-5539
Chaperone First Name:	Chaperone Last Name:
Chaperone Home Phone:	Chaperone Cell Phone:
Chaperone Email:	
Address:	City, State, Zip:
Alternate Contact Name:	Alt. Contact Home Phone:
Alternate Contact Email:	Alt. Contact Cell Phone:
Sex: Male Female	Swimming: Yes No
Medicines (include over the counter medicines):	
Dietary Restrictions:	
T-Shirt Size: YS, YM, YL, AS, AM, AL, XL, 2XL, 3XL	

By signing this form, I agree to the following:

Consideration . I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification . I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue SSBCC, Lake Providence Missionary Baptist Church(LPMBC), their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify SSBCC and Lake Providence Missionary Baptist Church, their directors, employees, agents, volunteers and affiliates, for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk . I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SSBCC's or Lake Providence Missionary Baptist Church, Inc. their directors, employees, agents, volunteers and affiliates negligence or otherwise. A full list of SSBCC activities may be found here: <http://www.shocco.org/recreation>.

Medical Emergency . In the event of injury or a medical emergency, I understand that the LPMBC group leader, not SSBCC, will be responsible for the medical care of all attendees. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC and Lake Providence Missionary Baptist Church, Inc. events. SSBCC's guest medical supplement will assist within current/prescribed limitations in a similar way to a secondary carrier. If no insurance is provided by the family or sponsorship church/organization, SSBCC's guest medical supplement will also assist within current/prescribed limitations.

In case of a minor injury, illness or emergency involving my child, I hereby give permission to the adult leader in charge to request, obtain and otherwise authorize that reasonable medical treatment be rendered to my child. Such treatment may be rendered by nurse practitioners, registered nurses, nurse's assistants and other emergency medical technicians as may be necessary. In the event of a major injury, illness or emergency e.g., fractured bone, unconsciousness, difficulty breathing, asthma attack, etc., I hereby give permission to the adult leader in charge to request, obtain and otherwise authorize that necessary medical treatment be rendered to my child. This includes hospitalization, anesthesia, surgery, injections or other medication as may be reasonably recommended or suggested by qualified medical personnel. I understand that every effort will be made to contact me. In the event I cannot be reached, I authorize all health care facilities, agencies, professionals and other health care providers who might provide health care services to my child named above to provide verbal and written medical information of protected health information about my child to the authorized Lake Providence Missionary Baptist Church, Inc. representative or agent, including examination findings, test results, and treatments provided for purposes of medical evaluation of my child, followup and communication with me or my designated representative, and/or determination of my child's ability to continue participating in the youth retreat activities. A photo static copy of this authorization shall be as valid as the original and shall be accepted by the medical provider as being in compliance with the HIPAA Act.

Understanding . I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release 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. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/ mediation organization for binding resolution.

Your Signature

Youth Administrator Signature