



Carolina Mountain Youth Retreat

Director: Chris Rumpfelt
PO Box 1232
Hayesville, NC 28904
828-389-4777

Part I

Participant/Parent/Guardian Waiver & Indemnity Agreement

Name of Student: _____

Student's Birth Date: _____

The undersigned, _____, who is one of the parents or legal guardian of the above named student, a minor who resides at the address listed below, herein authorizes the adult sponsor of the Carolina Mountain Youth Retreat/First Free Will Baptist Church, or any responsible adult person bearing the written authorization into whose care the above minor has been entrusted, to consent to any x-ray exam, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or licensed dentist.

I hereby, for myself, heirs, executors and administrators waive and release any and all rights and claims for damages that I may have suffered by myself or my child that arise out of the above-named organizations' sponsored activities. I warrant that I do have the right to authorize the foregoing and do hereby agree to hold the above organization/First Free Will Baptist Church harmless of all liability of whatever nature may arise out of any participation.

In addition, I further agree that in the event that my child or I should make any claim against the said organization, I will personally indemnify, defend, and hold harmless the organization, its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understood this authorization and it shall remain effective until terminated in writing, delivery to an adult sponsor of Carolina Mountain Youth Retreat.

Parent/Guardian Signature: _____

Date: _____

Circle One: Mother Father Legal Guardian

Participant/Parent/Guardian Information

Parent/Guardian Name: _____
Street Address: _____
City & Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Medical Insurance Company: _____
Group Certification ID#: _____
Participant Last Tetanus Shot: _____

Emergency Contact Information

Name and Numbers of who to contact in case of an emergency:

List below any allergies and/or medications, along with direction on how to administer medications:

Part II

Parental Consent and Release of Liability

1. Release of Liability:

I understand that participating in Carolina Mountain Youth Retreat activities is a privilege. In consideration for the privilege, I am signing this Release of Liability form on behalf of myself and my minor child(ren) participating in Carolina Mountain Youth Retreat activities.

I understand that by partaking of Carolina Mountain Youth Retreat activities, my child(ren) and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games, white water rafting, horseback riding, etc. I understand that there are certain risks of physical injury or illness associated with activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks, whether such risks are known or unknown to me at this time. I further release, Carolina Mountain Youth Retreat/First Free Will Baptist Church, including its directors and volunteers, from any claim that I or my child may have against them as a result of physical injury or illness incurred during participation in Carolina Mountain Youth Retreat activities.

This Release of Liability shall include, without limitation, any claims for negligence and breach of fiduciary duty against Carolina Mountain Youth Retreat/First Free Will Baptist Church and its employees or agents.

2. Authorization of Medical Treatment:

With the increasing sophistication of the medical system, I understand it is necessary to have a parental consent form in the unlikely event of an injury or condition requiring medical treatment of my child.

This release and consent give Carolina Mountain Youth Retreat/First Free Will Baptist Church the permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

In case of emergency, I understand that every effort will be made to contact me. However, If I cannot be reached, I hereby give Carolina Mountain Youth Retreat/First Free Will Baptist Church the permission to act on my behalf in seeking medical treatment for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety, and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release Carolina Mountain Youth Retreat/First Free Will Baptist Church and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment.

I have read the foregoing information "Parental Consent & Release of Liability"

Parent/Guardian Signature: _____

Date: _____

I give specific permission for my minor child to participate in white water rafting and/or horseback riding and/or paintball.

Parent/Guardian Signature: _____

Date: _____

I give my permission and release any rights to images/photos of my minor child to be used for youth ministry related materials (ie: website, social media, promotional material, youth event shows, etc.)

Parent/Guardian Signature: _____

Date: _____