

## Camp Agapé - Activity Participation Permission and Waiver Form



Name of Participant:			
Address:			
City, St., Zip:			
Phone:			
Cell Phone:			
Email:			
Age of Participant:		Birth Date:	
If participant is less than 18 years of age, please print the names of parents or legal guardians below:			
Parents/guardians:			

**Please mark yes or no for the following health concerns. If yes, please provide details.**

Allergies	Yes	No	Details:
Asthma/breathing difficulty	Yes	No	Details:
Heart disease/concerns	Yes	No	Details:
Seizures/Convulsions	Yes	No	Details:
Diabetes	Yes	No	Details:
Vaccinations up to date	Yes	No	Details:
Current joint/bone injuries/concerns	Yes	No	Details:
Any special assistance needed	Yes	No	Details:

**Current Medications:**

It is my understanding that participating in the programs and recreational activities at Camp Agapé is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to the accident during the activity illness or even death. In additional, I acknowledge that there may be other risks inherent in these activities of which I may not be aware.

Activities Camp Agapé must supervise:

Swimming      Boating      Zip line      Archery      Low Ropes challenge course

Activities Group leaders may supervise:

Fishing      Hiking      Field Games      Camping out

**Release of Liability:** By signing this Permission and Waiver Form, I expressly warrant that the participant named above is capable of handling the physical challenges of the activity circled above. I also expressly assure all risks for the participant participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that the participant may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the participant's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

**First Aid and Emergency Treatment:** I recognize that there may be occasions where the participant named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission of agents of this organization to seek and secure any needed medical attention or treatment for the participant name above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

**Responsibility:** The agreed upon group leaders will take full responsibility to follow industry standards in warm-ups, pre-event orientation, activity rules and their enforcement with all groups using activities that are not directly supervised by Agapé ☩ Kure Beach Ministries staff. When participate is supervised by Agapé ☩ Kure Beach Ministries staff all written policies will be followed by participants or they will be asked to leave the activity area.

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age.  
(name of participant)

I have read the above Permission and Waiver Form and am fully familiar with the contents thereof.

I give permission for the participant listed above to take part in activities at Camp Agapé.

In consideration for allowing the participation in these activities, I herby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the participant and agree that this Permission and Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_  
Signature Legal age Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date