



## Assumption of Risk ONE PER PARTICIPANT

**EVENT: Summer Camp**

**DATES: June 7-11, 2024**

This form encompasses \_\_\_\_\_ (participant name).

Participants under the age of 18 must have a form signed by a legal guardian.

I hereby acknowledge that I understand and agree to comply with the provisions of this Release and Waiver relating to my participation in a REDEEMER CHURCH OF DENTON (RCD) event. I understand and agree that my participation is completely voluntary, and I accept full responsibility and assume all of the risks and hazards associated with my participation.

In consideration for RCD allowing me to participate, I hereby agree to unconditionally release and agree to protect, indemnify and hold harmless, RCD, its managing representatives, members, employees, agents, successors, assigns, and other representatives (collectively, the "Released Parties") from and against any and all damages, injuries, illnesses, accidents, claims, demands, causes of action and damages to or loss of property, including attorney's fees, resulting from or relating to my participation as a volunteer **WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF ANY ONE OR MORE OF THE RELEASED PARTIES**. I hereby further conditionally covenant and agree that I, my parents, legal guardians, heirs, legal representatives, successors and assigns will not make any claim or institute any suit or action at law or in equity against any of the Released Parties that is based upon any injury, illness, accident, incident, occurrence or damages to or loss of property arising out of, incidental to or in any way resulting from my participation.

I also agree;

I am aware of the hazards and risks to my person and property associated with attending this event. Such hazards and risks include, but are not limited to, death or injury by accident, illness, and random acts of violence. I accept my assignment with full awareness of these risks, and I voluntarily assume all risks of death, injury, illness. I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in this event.

In the event that I have minor children who will accompany me at the event, I, acting both on my own behalf and in their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

I 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.

### **A COPY OF MEDICAL INSURANCE IS REQUIRED FOR ANY OVERNIGHT EVENTS.**

I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND THE CONTENTS THEREOF, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT**. I acknowledge that I have read, understand and fully accept the terms and conditions of this Release and Waiver and unconditionally voluntarily accept the same.

Participant Name \_\_\_\_\_

Legal Gaurdian Name \_\_\_\_\_

Legal Gaurdian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Medical Form

EVENT: Summer Camp

DATES: June 7-11, 2023

**A COPY OF MEDICAL INSURANCE IS REQUIRED FOR ANY OVERNIGHT EVENTS.**

- I went to camp last year and insurance is the same. You may use the card on file.
- I am attaching a copy of my card

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Insurance Provider \_\_\_\_\_

List any allergies (food and medications)

---

---

---

---

---

---

List any medications participant is currently taking (with dosage)

---

---

---

---

---

---

Guardian Name(s) \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

Emergency Contact (in case guardian can not be reached)

1) \_\_\_\_\_ Phone Number \_\_\_\_\_

2) \_\_\_\_\_ Phone Number \_\_\_\_\_

Any other important medical or diet information?

---

---

---

---