

Name of Organization _____ Participant Name _____

Kentucky Baptist Assemblies, Inc. dba Crossings Ministries
Medical Release and Participant Registration Form

I. Please read this Participant Registration Form closely and make sure you understand it completely. This form is intended to: (1) Register the person named below, herein referred to as "Participant" to attend any camp/conference/retreat/mission trip hereinafter referred to as "event" operated by Kentucky Baptist Assemblies, Inc., dba Crossings Ministries ("CM") herein referred to as "CM"(2) Provide background information and any medical or other information particular to the Participant which should be made known to CM; (3) Obtain the consent of parent(s) or legal guardian(s) (hereinafter referred to as "Parent") for CM to obtain necessary medical attention in case of sickness or injury to Participant; (4) Obtain the consent of the Parent and Participant to photograph or video tape Participant during normal activities and to use such photographs or video tapes in promotional materials produced by CM and (5) Obtain a release, waiver of liability and indemnity agreement for any injury sustained or caused by the Participant while at a CM event.

II. Background of Participant and Parent: (please print clearly)

Name of Participant _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Name of Organization _____ Address _____

City _____ State _____ Zip _____

In Case of Emergency Notify _____ Home Phone _____

Work Phone _____

Parent(s) or Legal Guardian(s):

1) Name _____ Gender M or F Please Circle one: Mother Father Other
Email Address _____ Home Ph _____ Work Ph _____

2) Name _____ Gender M or F Please Circle one: Mother Father Other
Email Address _____ Home Ph _____ Work Ph _____

III. Medical Profile

Generally, Participant's health is: (circle one) Excellent Good Fair Poor

If health is not excellent, please explain condition _____

List any medical difficulties or injuries for which Participant is being treated _____

List any medicines or substances to which Participant is allergic _____

List any medications Participant is currently taking _____

List any special diet Participant may require _____

Has the Participant had a Tetanus shot within the last 10 years? _____ Family Physician _____

Physician's Phone _____

Health Insurance Provider/Company _____

Policy # _____ Subscriber Name _____

Subscriber # _____ Place of Employment _____

Subscriber Occupation _____ Work Phone _____

IV. Release, Waiver and Indemnity Agreement

Participants at CM facilities and other locations used by CM, typically engage in a number of activities which carry varying levels of risk of injury and may require a certain amount of physical fitness and/or overall health in order to safely participate. We want you to be informed as to the type of activities that are offered. Of course, we cannot list every activity, but Participants may participate in high and low element climbing activities, bazooka ball, paintball, zip lines, tubing, swimming, canoeing, various water activities, and other activities typically associated with camps/retreats/conferences/mission trips (herein referred to as "events"). This is not intended to be a comprehensive listing of every activity which the Participant may encounter, but it is simply meant to call to your attention a number of our special activities which carry some risk of injury or accident.

If the Participant will be traveling on a mission trip, each of the undersigned assumes all normal and foreseeable risks associated with travel to, from and within the Country (including but not limited to personal injury, natural disaster, terrorism, political unrest and contraction of illness) and releases CM and its agents from any responsibility for such risks. Each of the undersigned acknowledges that carriers, hotels and other suppliers providing services in connection with the mission trip (herein after referred to as "suppliers") are independent contractors and are not agents, employees or representatives of, or joint venturers with, CM and release CM from any responsibility for the actions or omissions of such suppliers. Each of the undersigned accepts full responsibility for luggage and other belongings brought by Participant on the mission trip and acknowledge CM will have no responsibility for such items.

Each of the undersigned represents that the Parent(s) identified below are the biological parents, legal custodians or legal guardians of the Participant, if the participant is a minor. Each of the undersigned affirms that each is mindful of the risks of injury in the activities available at the event operated by CM and other locations and the undersigned assume full risk and responsibility for any accidents or injuries to the Participant. Each of the undersigned represents and warrants that the Participant has no physical or mental condition which creates an unusual or undue risk of accident or injury while engaged in event activities. In consideration for permitting Participant to enroll in said activities offered by CM the undersigned for themselves, their family, heirs, executors, administrators, assigns and Participant hereby voluntarily release and discharge CM and any of its officers, directors, agents, servants, affiliates or employees for any claim of personal injury, property damage or wrongful death arising out of or in any way related to Participant's presence at and/or participation in a CM event, wherever or however it may occur, whether caused by negligence of CM, its employees, officers, directors, agents, servants, affiliates or other persons or entities conducting or sponsoring the event, or otherwise.

Parent(s) further agree to indemnify and hold harmless CM or any of its officers, directors, agents, servants, affiliates and employees from all claims including attorney's fees and costs of defense for personal injury, property damage or wrongful death which Participant may sustain or cause to third parties or CM in the course of participating in this activity/trip. The undersigned further agree that should there be any injury or illness to the Participant, Parent's health insurance shall be the carrier primarily responsible for Participant's medical expenses.

The undersigned hereby grant permission for CM to obtain necessary medical treatment in case of sickness or injury to Participant. Medical treatment means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, radiology services, pharmacy services, and blood testing. This authorization is intended to, and does hereby, grant to CM full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done as we might or could do if personally present, hereby ratifying and confirming all that CM shall do or cause to be done by virtue of the authority granted hereby.

The undersigned hereby give their consent to CM to photograph or video Participant during normal activities and to use such images in promotional materials used by CM.

The undersigned agree and understand that if any provision hereof is held to be invalid for any reason whatsoever, the remaining provisions shall not be affected thereby. If such provision may be modified or reformed so as to be valid, then the provision shall be deemed to be so modified or reformed so as to be enforceable.

Participant

Parent/Legal Guardian

Witness

Parent/Legal Guardian

KIDS CAMP 2018
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH ROLLING HILLS KIDS CAMP 2018, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Rolling Hills Community Church, (RHCC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that RHCC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant Name

Participant Date of Birth

Participant Signature

Date

Guardian Signature (if participant is a minor)

Date

Rolling Hills Medical Release for Kids Camp 2018

Participant First Name: _____

Participant Last Name: _____

Participant DOB: _____

Social Security #: _____

I, _____, as the legal guardian of
_____, authorize the Designated Agents (as hereinafter defined) of Rolling Hills Community Church, 1810 Columbia Avenue, Franklin, Tennessee 37064 (the "Church"), to consent to, and to execute any and all documents necessary for my child (or for an adult leader, if completing for yourself), to be treated by a medical doctor or a medical facility, whether on an emergency or non-emergency basis, if such care be determined necessary for his or her care, health and general welfare during any activity or event associated with the Church. For purposes of this Medical Authorization and Release, the "Designated Agents" are defined to be the following:

1. Kenley Teige
2. Anna Townsend
3. Chase Baker
4. Jennifer Akers
5. Brad Dennis

Those persons identified as adult counselors and sponsors for an activity or event associated with the Church in an affidavit executed by any of the individuals listed above and presented with this Medical Authorization and Release at the time medical treatment is requested for the above-named Child.

Guardian Signature

Date

Rolling Hills Community Church

CONTRIBUTOR RELEASE FORM

I hereby consent that my image, likeness and/or voice as depicted or recorded in video productions, audio recordings, television programming, photographs and/or electronic images, and/or written or verbal quotes/comments (collectively, the "Contribution") may be used by Rolling Hills Community Church in any media product, production and church website in its sole discretion (collectively, the "Production").

I acknowledge that Rolling Hills Community Church will own sole copyright to the Production, and I, on behalf of myself and my heirs, successors and assigns, release Rolling Hills Community Church, its officers, directors, employees, agents and affiliates from any claim for royalties, copyright or other infringement, defamation, invasion of privacy or of right of publicity, or other claim arising from any use of the Contribution in any medium, now known or hereinafter created, by Rolling Hills Community Church or its licensees or assignees, including and without limitation, marketing uses which endorse Rolling Hills Community Church or its programs or products.

I acknowledge that Rolling Hills Community Church may edit or revise any part of the Production that contains the Contribution without the need for additional approval.

Name of Contributor: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

If Contributor is under the age of 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Rolling Hills Community Church