

Chautauqua Baptist Fellowship Park

Participant Agreement, Release, and Acknowledgement of Risk

I, _____, the undersigned, being the parent or legal guardian of _____, do hereby grant consent for my child to participate in any sports activities, camp facilities, and/or camp programs (for example: **swimming, paintball, zip line, high ropes activities**) that will be held at Chautauqua Baptist Fellowship Park (herein after referred to as "Camp Chautauqua"). I understand that all reasonable safety precautions will be taken by the leaders of the activity, but the possibility of injury always exists. I hereby agree to release, hold harmless, and discharge Camp Chautauqua on behalf of myself, my heirs, assigns, personal representatives, legal trustees and estate as follows:

1. Being aware that these activities entail known and unknown risk of injury, my child's participation in these activities are voluntary. No one is forcing him/her to participate in these activities and he/she has elected to participate in spite of the risks, both known and unknown.
2. I understand and acknowledge that the activities my child is about to voluntarily engage in as a participant bears certain risks, and unanticipated risks which could result in injury, death, illness, or disease, physical or mental, or damage to my child.
3. In signing this document I fully recognize that if my child or anyone else is hurt while engaged in this event, I will have no right to make any claim, file a lawsuit, or seek any other legal action against Camp Chautauqua, its pastors, volunteer staff, leaders, employees, legal trustee(s), and members either as a group or any individual who negligently caused the bodily injury.
4. I also grant permission to any licensed medical practitioner to perform any medical or diagnostic procedures deemed necessary or advisable for the health, safety, or well-being of my child. I understand that all efforts will be made to contact me prior to treatment; however, in the event of an emergency, I give permission to the activity leader and/or pastor and any attending physician to make any decisions necessary for the treatment of my child.
5. I further acknowledge that, as parent or legal guardian, I am responsible for the health care provided to my child and agree and certify that I have sufficient health, accident, and liability insurance to cover any bodily injury my child may incur while participating in this event. If I have no such insurance I certify that I am capable of personally paying for all such expenses or liability.
6. I hereby agree to release, forever discharge, hold harmless and indemnify Camp Chautauqua, its pastors, its staff and members and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in this activity.

My signature below indicates that I have read this entire document, understand it completely, understand that it affects my legal rights, and agree to be bound by its terms.

Signature of Parent/Legal Guardian: _____

Print Name: _____

Date Signed: _____