

Name of Organization _____ Participant Name _____

Date(s) of Event _____

**KENTUCKY BAPTIST ASSEMBLIES, INC. D/B/A CROSSINGS MINISTRIES ("CM") and THE BAPTIST CONVENTION OF MARYLAND/DELAWARE, INC. ("BCMD")
MEDICAL RELEASE AND PARTICIPANT REGISTRATION FORM**

Please read this form closely and make sure you understand it completely.

I. Background of Participant and Parents: (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 _____

II. Medical Profile (please print clearly)

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 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 _____

III. Release, Waiver, and Indemnity Agreement

Representations and Warranties: The undersigned (collectively, whether one or more, the "Parents") hereby represent and warrant that:

- (a) the Parent(s) are the biological parents, legal custodians, and/or legal guardians of Participant (if a minor);
- (b) Participant is covered by the medical insurance policy described on the immediately preceding page; and
- (c) Participant has no physical or mental condition that would create any unusual or undue risk of accident or injury while at the Event.

Consent: The Parents hereby consent to (a) Participant's attendance at the Event and participation in all related activities and (b) CM's and/or BCMD 's photographing and videotaping Participant during the Event and use of such materials and images in promotional materials.

Assumption of Risk: The Parents hereby acknowledge and agree that:

- (a) Participant will likely engage in a number of activities at the applicable camp, conference, retreat, or mission trip (such event, together with all related activities, the "Event") that will carry various levels of risk of injury and require a certain amount of physical fitness and/or overall health in order to safely participate;
- (b) CM and BCMD cannot possibly list every activity in which Participant may participate at the Event that could result in an injury or accident but hereby provides this non-exhaustive list for your information: high and low element climbing activities; bazooka ball; paintball; zip lines; tubing; swimming; canoeing; various water activities; demolition; construction; repair work (including potential exposure to lead based paint and asbestos); and numerous other activities typically associated with camps, retreats, conferences, and mission trips, as well as more general risks such as rigorous exercise, high temperatures, physical contact, and exhaustion;
- (c) if the Event is a mission trip, then risks to the Participant could additionally include, without limitation: travel to, from, and within the destination country; personal injury; natural disaster; terrorism; political unrest; and contraction of illness; and
- (d) Participant will have the right to opt out of any activities that Participant is unable or unwilling to complete.

Notwithstanding all of the above, the Parents hereby voluntarily assume and accept all risks associated with the Event including, without limitation, for personal injury to Participant and damage to Participant's property.

Covid-19:

The novel coronavirus, COVID-19, is extremely contagious, believed to be transmitted by person-to-person contact regardless of whether those persons may be exhibiting symptoms, and has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies (and, in turn, CM and BCMD) have issued various preventative measures and protocols recommendations and requirements, including, without limitation, (i) the utilization of social distancing, (ii) limitations or prohibitions on the congregation of groups of people, (iii) cleaning and disinfecting publicly used spaces, (iv) mandating individuals to wear gloves when cleaning and disinfecting and face masks when in the close company of guests. Despite those measures and protocols, CM and BCMD cannot (and does not) guarantee that Participant and Participant's family, friends, and others will not become exposed to and/or infected with COVID-19. CM and BCMD will stay apprised of any recommendations and requirements of the CDC and the federal, state, and local governments and may, in its discretion, add and/or remove safety measures in response thereto.

In consideration of being allowed to participate in the Event, Participant shall be required to take certain safety measures to help reasonably prevent infection or spread of COVID-19, including, without limitation, (i) ensuring that Participant does not have any symptoms of COVID-19 prior to entrance onto or use of CM's and/or BCMD's facilities and premises, (ii) diligently engaging in handwashing and hand sanitizing during the Event, (iii) maintaining social distancing as instructed by CM and/or BCMD staff, and (iv) properly using face coverings when in the close company of others. If the event requires additional safety measures, Participant shall fully cooperate with such measures. In consideration of being allowed to participate in the Event, Participant voluntarily assumes the risks that by attending and participating in the Event he/she and his/her family, friends, and others may become exposed to and/or infected with COVID-19 and that such exposure and/or infection could result in personal injury, illness, disability, and/or death.

Release: In consideration for Participant being permitted to enroll in the Event, the Parents, on behalf of themselves, Participant, and their respective heirs, executors, administrators, and assigns, hereby release CM, BCMD and all of CM's and BCMD's officers, directors, employees, affiliates, agents, and representatives (collectively, the "CM Releasees") from any and all present and future responsibilities, liabilities, obligations, claims, and demands (collectively, "Claims") arising from or related to:

- (a) Participant’s participation in the Event, including, without limitation, related to any injury, illness, or damage to personal property resulting during Participant’s presence at and/or participation in the Event, regardless of how or when it may occur; provided, however that the foregoing shall not release CM and/or BCMD from any Claims to the extent of any grossly negligent or intentionally wrongful acts or omissions by CM and/or BCMD;
- (b) any and all sicknesses or injuries relating to or resulting from Covid-19 that Participant and/or Participant’s friends, family, and/or others may suffer or sustain, regardless of cause or fault, as a result of Participant’s voluntary decision to utilize the facilities and premises of CM and/or BCMD;
- (c) any and all luggage, personal effects, and other belongings brought by Participant to the Event;
- (d) any act or omission by any carriers, hotels, vendors, and other suppliers responsible for providing any goods or services related to the Event (collectively, “Suppliers”) as independent contractors and not as agents, employees, or representatives of CM or BCMD or joint venturers with CM or BCMD; and
- (e) any Medical Treatment (as defined below) that Participant receives in connection with his or her participation in the Event, including, without limitation, any Medical Treatment that is authorized by CM, BCMD or any other Releasee.

Indemnification: The Parents shall indemnify and hold harmless CM, BCMD, and each of the CM and BCMD Releasees from any and all losses, damages, claims, expenses, and other liabilities and obligations (including, without limitation, attorneys’ fees and costs of defense) that arise out of, or otherwise relate to, any and all personal injury, property damage, and/or wrongful death that Participant may either suffer or incur or cause to be suffered or incurred to others in the course of participating in this Event.

Medical Insurance: The Parents hereby acknowledge and agree that that medical insurance policy which has been identified above by the Parents as providing coverage to Participant shall be primarily responsible for all medical expenses associated with any injury or illness suffered by Participant.

Authorization for Medical Treatment: The Parents hereby authorize CM and/or BCMD to obtain any and all Medical Treatment (as defined below) that CM may deem necessary or appropriate in the case of Participant incurring sickness or injury. For purposes of this paragraph, “Medical Treatment” means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and/or treatment, including, but not limited to, hospitalization, radiology services, pharmacy services, and blood testing. The Parents agree that this authorization is intended to, and hereby does, grant full power and authority to CM and/or BCMD to do and perform any and all things that CM or BCMD or any CM or BCMD Releasee may determine to be necessary or appropriate as Parents might have determined if personally present.

Miscellaneous: This Agreement shall be governed by the laws of the Commonwealth of Kentucky, notwithstanding the conflict of laws principles of any jurisdiction. The Parents agree and understand that if any provision hereof is held to be invalid for any reason whatsoever, then 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 to that extent which would most accurately reflect the intent of the parties hereto while also being valid and enforceable.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant’s Signature _____ Date: ___/___/___

Parent/Legal Guardian Signature _____ Phone () _____ Date: ___/___/___

Notary Acknowledgement

State of _____ }

County of _____ }

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this ____ day of _____, 20__.

Notary signature: _____

My commission expires: _____

