

## Participant Registration Form & Medical Release

Name of Church \_\_\_\_\_ Participant Name \_\_\_\_\_  
Date(s) of Event \_\_\_\_\_ Participant Grade Completed \_\_\_\_\_

**I. Please read this Medical Release and Participant Registration Form closely and make sure you understand it completely.** This form is intended to: (1) Register the person named below (hereinafter referred to as "Participant") to attend any camp/conference/retreat (hereinafter referred to as "Event") operated by Baptist Convention of Maryland/Delaware, Inc. (hereinafter referred to as "BCMD"), d/b/a Skycroft Conference Center (2) Provide background information and any medical or other information particular to the Participant which should be made known to BCMD; (3) Obtain the consent of parent(s) or legal guardian(s) (hereinafter referred to as "Parent") for BCMD 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 BCMD and (5) Obtain a release, waiver of liability and indemnity agreement for any injury sustained or caused by Participant while at a BCMD Event.

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

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Primary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent(s) or Legal Guardian(s):

1) Name \_\_\_\_\_ Please Circle one: Mother Father Other

Email Address \_\_\_\_\_ Primary Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

2) Name \_\_\_\_\_ Please Circle one: Mother Father Other

Email Address \_\_\_\_\_ Primary 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 Participant had a Tetanus shot within the last 10 years? (circle one) Yes No

Family Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Health Insurance Provider/Company \_\_\_\_\_

Policy # \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Subscriber # \_\_\_\_\_ Place of Employment \_\_\_\_\_

## Participant Registration Form & Medical Release

### IV. COVID-19 Pre-Screening (please complete this section within 24 hours of event start time):

1. Has the Participant traveled outside the United States or been in close contact with someone who has traveled outside of the United States within the last 14 days? (circle one) YES NO

2. Has the Participant had a positive test for COVID-19 viral infection within the last 14 days? (circle one) YES NO

3. To the best of your knowledge, has the participant had close contact (within 6 feet for a total of 15 minutes or more) with someone with COVID-19 in the last 14 days? (circle one) YES NO

4. Has the Participant experienced any of the following symptoms over the last 14 days?

**Fever** (100.4 degrees or higher): YES NO      **Sore Throat:** YES NO

**Cough:** YES NO      **Difficulty breathing:** YES NO

**Vomiting or Diarrhea:** YES NO      **Change in taste or smell:** YES NO

**Generally feeling unwell:** YES NO

If Participant answers **YES** to any of the questions above, they should stay home and contact their physician.

**Preexisting conditions:** Individuals with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that if I or my child has a preexisting condition it increases the implied risk of COVID-19 and I should discuss the risks with my healthcare provider before attending this event.

\_\_\_\_\_  
Signature of Participant (or Parent/Guardian if under 18)

\_\_\_\_\_  
Date

### V. Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in BCMD programs or accessing BCMD facilities could increase the risk of contracting COVID-19. BCMD in no way warrants that COVID-19 infection will not occur through participation in BCMD programs or accessing BCMD facilities.

### VI. Release, Waiver and Indemnity Agreement

Participants at BCMD facilities, will 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, swimming, and other activities typically associated with camps/retreats/conferences/mission trips. 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.

Each of the undersigned represents that Parent(s) identified below are the biological parents, legal custodians or legal guardians of Participant, if 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 BCMD and

## Participant Registration Form & Medical Release

the undersigned assume full risk and responsibility for any accidents or injuries to Participant. Each of the undersigned represents and warrants that 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 the BCMD, undersigned for themselves, their family, heirs, executors, administrators, assigns and Participant hereby voluntarily releases and discharges the BCMD 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 BCMD Event, wherever or however it may occur, whether caused by negligence of BCMD, 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 BCMD and any of its officers, directors, agents, servants, affiliates and employees from all claims including attorneys' fees and costs of defense for personal injury, property damage or wrongful death which Participant may sustain or cause to third parties or BCMD in the course of participating in this Event. The undersigned further agree that should there be any injury or illness to Participant, Parent's health insurance shall be the carrier primarily responsible for Participant's medical expenses.

The undersigned hereby grants permission for BCMD 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 BCMD full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done as Parent might or could do if personally present, hereby ratifying and confirming all that BCMD shall do or cause to be done by virtue of the authority granted hereby.

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

This document is governed by the laws of the state of Maryland. 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.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and/or that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

\_\_\_\_\_  
Participant Name (Print Clearly)

\_\_\_\_\_  
Participant Signature (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if Participant is a minor)

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)