

Name of Group _____ 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 _____
In Case of Emergency Notify _____ Contact Phone _____
Parent or Legal Guardian: Name _____ Gender M/F _____
Please Circle one: Mother Father Other | Email Address _____ Phone _____

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 and any medical difficulties or injuries for which Participant is being treated _____
List any a) medicines to which Participant is allergic, b) any medications Participant is currently taking, c) Any special diet Participant requires: a) _____
b) _____
c) _____
Has Participant had a Tetanus shot within the last 10 years? _____
Health Insurance Provider/Company _____ Policy # _____
Subscriber Name _____ Subscriber # _____

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 has no physical or mental condition that would create any unusual or undue risk of accident or injury while at the Event.
- (c) Parent(s) will not send Participant to the applicable camp, conference, retreat, or mission trip (such event, together with all related activities, the “Event”) if they have a positive COVID-19 test within five days before the start of the Event, or if they are suspected to have COVID-19 or have been exposed to an individual with a positive COVID-19 test within 5 days of the start of 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 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; swimming; various water activities; and numerous other activities typically associated with camps, as well as more general risks such as exercise, high temperatures, physical contact, and exhaustion;

(c) 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. CM and BCMD will stay apprised of the recommendations provided by federal, state, and local governments and agencies; *however*, CM/BCMD cannot (and do not) guarantee that Participant and Participant's family, friends, and others will not become exposed to and/or infected with COVID-19. 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. CM and BCMD will use its discretion in determining what safety measures will be appropriate with respect to the Event, and Participant shall be required to fully comply with any and all such measures as a condition to being permitted to participate in the Event.

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 BCMD or joint venturers with CM or BCMD; and
- (e) any Medical Treatment that Participant receives in connection with his or her participation in the Event.

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.

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 _____ }

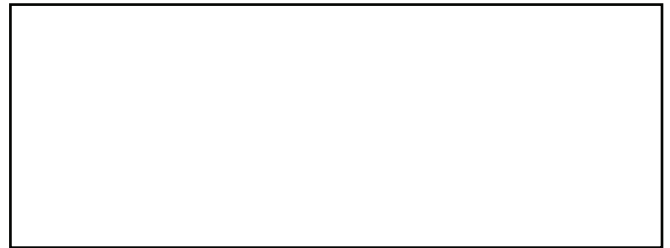
Personally appeared before me, _____, with whom I am personally acquainted, and who

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: _____



Place notary stamp/seal here