

Name of Church _____ Participant Name _____ Date(s) of Event _____

**THE BAPTIST CONVENTION OF MARYLAND/DELAWARE, INC. ("BCM/D")
MEDICAL RELEASE AND PARTICIPANT REGISTRATION FORM**

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

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 _____	Contact Phone _____
Parent or Legal Guardian: Name _____	Phone _____
Please Circle one: Mother Father Other Email Address _____	
III. Medical Profile	
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 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 # _____

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) BCM/D'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) BCM/D 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: numerous activities typically associated with camps, including games and recreation, as well as more general risks such as exercise, low 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. BCM/D will stay apprised of the recommendations provided by federal, state, and local governments and agencies; however, BCM/D 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. BCM/D 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 BCM/D and all of BCM/D's officers, directors, employees, affiliates, agents, and representatives (collectively, the "BCM/D 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 BCM/D from any Claims to the extent of any grossly negligent or intentionally wrongful acts or omissions by BCM/D;
- (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 BCM/D;
- (c) any and all luggage, personal effects, and other belongings brought by Participant to the Event;
- (d) any act or omission by any carriers, 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 BCM/D or joint venturers with BCM/D; 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 BCM/D and each of the BCM/D 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 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 to that extent which would most accurately reflect the intent of the parties hereto while also being valid and 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)

Date

Parent/Guardian Name (Print)

Parent/Guardian Phone