



Springs of Hope, Inc.
 Youth Camp,
 1664 Tazewell Hwy. Sneedville Tn 37869
 941-391-2060

Participation Information (To be completed by participant or authorized guardian)

Name(s) of Participant(s) Adults & Children *All listed must belong to authorized guardian*	Age (students only)	Last Grade Completed (students)	Allergies OR Medical Condition(s)	Food Allergies	Camp Group (to be filled out by staff)
1.					
2.					
3.					
4.					
5.					

Name of parent(s)/guardian(s): _____

Telephone: _____ Cell: _____

Emergency Contact: _____

Telephone: _____ Cell: _____

Address: _____ Zip: _____

Is Springs of Hope, Inc. authorized to approve medical treatment? ___ Yes ___ No

Are the above covered by personal/family medical insurance? ___ Yes ___ No

If yes, name of insurer: _____

Policy or group number: _____

Does your child(ren) attend Sunday School? If so where? _____

We will be taking photos. Please initial here indicating your agreement. _____

Please sign Participation Agreement on back 😊



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Participation Agreement

I acknowledge that participation in any or all of the activities of Springs of Hope, Inc. involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in any or all of the activities of Springs of Hope, Inc. (the “Activity”) 1664 Tazewell Hwy Sneedville TN 37869, the Participant (or parent/guardian) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by of Springs of Hope, Inc., or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damage arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I hereby state that I am the parent or guardian of the minor(s) whose name(s) appears on the participation/registration form. I am familiar with and consent to the terms and conditions set forth in this release of liability.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date