



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 <small>*All listed must belong to authorized guardian*</small>	Age <small>(students only)</small>	Last Grade Completed <small>(students)</small>	Allergies OR Medical Condition(s)	Food Allergies	Adult Shirt Size	Camp Group <small>(to be filled out by staff)</small>
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. _____

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

Paintball Waiver

Read before signing Release and waiver of liability, assumption or risk, and indemnity agreement

In consideration of participating in the "sport of paintball", I represent, that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participating in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the Activity .**Paintball Waiver (Paintball only)**

I hereby release, discharge, and covenant not to sue **SPRINGS OF HOPE, INC** youth camp, its Respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "RELEASES" or otherwise, including negligent rescue operations; and I further agree that if, despite the release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "RELEASES" I will indemnify, save and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as a result of such claim.

have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to by valid the balance, notwithstanding, shall continue in full force and effect.

Print Name and Birth Dates of Participant(s)

PARENTAL CONSENT (required for participants under the age of 18)

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations, and further agree that if, despite this Release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

_____ Emergency Phone Number _____
Printed Name of Parent/Guardian or participant if 18 years or older

Signature

Date Signed