

2008 Jr HIGH Camp: 7/14-7/18/2008

UNDER 18 FORM

Student Name _____

Male / Female Grade _____

Roommate Request _____

ASSUMPTION OF RISK AGREEMENT AND RELEASE

I give permission for my child, _____, (the child and the adult signing below are collectively referred to as "Participant") to participate in the event described below ("Event") held on the property identified below ("Property") owned by Kansas City Baptist Temple, or others listed below (hereafter collectively referred to "Owner") and sponsored by the organizations listed below ("Sponsors"). I have been informed and understand that participation in events held on the Property may involve a risk of personal injury to my child. I understand that there is an inherent risk of injury in all sporting or athletic activities. In consideration of being allowed to participate in the activities conducted by the Owner or Sponsors on the Property and based on my desire that my child participate, I assume all responsibility for and all risk of damage to my child's person or property and agree that the Sponsors and Owner owe my child no duty of protection from harm. I certify that I am not relying to any extent on any instructions, assurances of safety, or warnings from the Owner, Sponsors, or their agents. I hereby release the Owner and Sponsors and their agents, employees, volunteers, etc., from all liability for any and every claim, demand, cause of action, whether in law or equity, present or future, whether known or unknown, whether anticipated or not, arising from or by reason of any bodily injury or personal injury, death, or damage to property resulting from, arising out of, or incident to my child's participation in the Event, including transportation provided by Owner or Sponsor to and from the Event, whether by negligence or not.

OWNER SHALL NOT BE LIABLE TO PARTICIPANT, OR PARTICIPANT'S PARENTS OR FAMILY, OR OTHERS FOR INJURY TO OR DEATH OF ANY PERSON, NOR FOR LOSS OR DAMAGE TO PROPERTY (INCLUDING THE PROPERTY OF PARTICIPANT) OCCURRING ON OR ABOUT THE PROPERTY FROM ANY CAUSE WHATSOEVER EVEN IF THE DAMAGES OR INJURIES ARE ALLEGED TO BE THE FAULT OF OR CAUSED BY THE NEGLIGENCE OR CARELESSNESS OR FAULT OF OWNER, ITS AGENTS OR EMPLOYEES. PARTICIPANT AGREES TO INDEMNIFY AND SAVE OWNER HARMLESS FROM ALL LOSS, DAMAGE, LIABILITY AND EXPENSE, INCLUDING THE EXPENSE OF DEFENDING THE CLAIMS RELATING TO ANY ACTUAL OR ALLEGED PERSONAL INJURY, LOSS, OR DAMAGE TO PROPERTY, CAUSED BY, OR RESULTING FROM ANY OCCURRENCE ON OR ABOUT THE PROPERTY. THESE RELEASES SPECIFICALLY INCLUDE THE FUTURE NEGLIGENCE, IF ANY, OF OWNER, ITS AGENTS OR EMPLOYEES.

I understand the terms of this Agreement, have read all of its provisions, and am signing of my own free act. I indicate my acceptance of the terms of this Agreement by my signature below.

PARENT OR LEGAL GUARDIAN:

(Please Print)

Name: _____

Signature: _____

Address: _____

Date: _____

Phone: _____

Participant: _____

Event: Jr High Camp and all camp related activities

Property: Rock Springs Camp

Sponsors: KCBT – Student Ministries – Jr High Class

Date(s) of Event: July 14-18, 2008;

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Authorization is given to the KCBT representative to consent to medical treatment for my child,
_____; and if admission to the hospital is recommended by our private physician
or a consulting physician of his/her choice. We will be responsible for the charges for any medical treatment or
hospitalization rendered by reason of this authorization.

CHILD'S BIRTH DATE _____

NAME OF PRIVATE PHYSICIAN _____ PHONE (____) _____

MEDICAL HISTORY (List any chronic or existing diseases or medical problems, *especially allergies*)

DATE OF LAST TETANUS SHOT _____

MEDICINES YOUR CHILD IS TAKING NOW (include dose and times per day) _____

NAME OF CHILD'S DENTIST _____ PHONE (____) _____

NAME OF MEDICAL INSURANCE _____

MAILING ADDRESS FOR CLAIMS _____

MEMBER'S NAME _____ MEMBER'S DATE OF BIRTH _____

MEMBER'S SOCIAL SECURITY NUMBER _____

GROUP BENEFIT CODE _____ IDENTIFICATION NUMBER _____

ADDRESS AND TELEPHONE NUMBERS WHERE PARENT(S) MIGHT BE REACHED (if different from the front of this form)

ADDRESS: _____

HOME PHONE: (____) _____

MOTHER'S WORK PHONE: (____) _____ FATHER'S WORK PHONE: (____) _____

MOTHER'S CELL PHONE: (____) _____ FATHER'S CELL PHONE: (____) _____

MOTHER'S PAGER: (____) _____ FATHER'S PAGER: (____) _____

Signature of Parent or Legal Guardian

State of _____

County of _____

Before me, the undersigned, a notary public, personally appeared _____
and stated that he/she/they executed the above authorization of his/her/their own accord and of his/her/their own free act and deed.

Notary Signature (Stamp required beneath this signature)

My commission expires: _____