



# 2019 WAIVER & RELEASE

Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) or facilitated by SSBCC staff off campus, may be asked to have a signed and witnessed or notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by a Parent/Guardian and witnessed or notarized, and must be presented at event check-in.

Event Information					
Event Name:				Event Date:	
Church / Organization Name:					
City:		State:		Phone:	
Participant Information					
Participant Name:				Age:	
Address:					
City:		State:		Zip:	
Parent / Guardian:					
Home Phone:		Cell Phone:			
Email Address:					

**Consideration:** Acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Photograph/Video Permission:** Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken of me (and or my child) and to be used in promotional materials. I also hereby release SSBCC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

**Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless Shocco Springs Baptist Conference Center (SSBCC) as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in the events and/or while on property leased or owned by SSBCC. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the released parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child.

**Assumption of Risk:** The staff at SSBCC strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. The staff is committed to providing a rewarding experience with safety as our highest priority and have worked diligently to minimize risks involved. However, there are inherent risks to participation in recreation activities including but not limited to, initiative games, high and low challenge course, outdoor education, bazooka ball, paintball, team sports, hiking trails, trail buggies, go-carts, golf carts, segways, and aquatic activities. Participants will be provided proper gear for all SSBCC facilitated activities. You or your child could experience any of the following: elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending, unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your back and shoulders, riding electrical/gas powered equipment, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

(See SSBCC Recreation Activities Descriptions at [www.shocco.org/recreation](http://www.shocco.org/recreation) for full details)

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**Medical Emergency:** In the event of injury or a medical emergency, I understand that the group’s leader, not SSBCC staff, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee’s participation in all SSBCC events.

**Understanding:** Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original.

**Complete and sign below (Consent by a parent or guardian is required for those under the age of 19).**

Parent or Guardian (For Participant Under 19 years of age)		Participant (19 years of age and over)	
Signature:		Date:	
Printed Name:		Relationship to participant:	

Witness (Required if not notarized)			
I witnessed the participant / guardian listed above sign the above waiver and release.			
Witness Signature:		Date:	
Witness Printed Name:		Relationship to participant:	
Address:			
City:	State:	Zip:	

Notary Information			
The State of:		The County of:	
Before me, a Notary Public, on this day personally appeared:			
Known to me, or proved to me on the oath of:			
to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this:			
	day of		A.D.
		Month	Year
Notary Public Signature		My Commission Expires:	