

MINISTRY ACTIVITY PARTICIPANT (MINORS UNDER 19 YEARS OF AGE)

This form will be effective for participation in any Lakeview Ministry Activities that begin on or after the date this document is signed.

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PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Minor's Name (per Passport or Driver's License):

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Grade: _____ Sex (V one): _____ Male _____ Female

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Primary Email Address: _____

Father's Name: _____

Home Phone: _____ Cell: _____ Work: _____ Ext: _____

Mother's Name: _____

Home Phone: _____ Cell: _____ Work: _____ Ext: _____

In Case of Emergency, please contact: _____ Relationship to minor: _____

Home Phone: _____ Cell: _____ Work: _____ Ext: _____

2nd Emergency contact: _____ Relationship to minor: _____

Home Phone: _____ Cell: _____ Work: _____ Ext: _____

We, _____ & _____ are the parents or legal guardians ("Participant's Guardians") of _____, a minor child under 19 years of age ("Participant"). We affirm that we have the right to sign this document on behalf of our minor child.

AUTHORIZATION FOR MEDICAL TREATMENT

We, Participant's Guardians, authorize & consent to a member of the Lakeview's Leadership Team, including a mission team member, camp leader, or staff member (hereafter "Lakeview Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, we, Participant's Guardians, authorize the Lakeview Designee to summon any & all professional emergency personnel to attend, transport, & treat Participant & to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, & to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority & power on the part of the Lakeview Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

We, Participant's Guardians, assume personal responsibility for all medical bills & certifies that we have secured primary medical insurance for Participant. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, we, Participant's Guardians, hereby assume responsibility for all related transportation & communication costs.

MEDICAL HISTORY

Hospital Insurance: Yes _____ No _____ Name of Insured on Account: _____

Place of Insured's Employment: _____

Insurance Company: _____ Policy #: _____

Physician's Name: _____ Phone #: _____

Illnesses: (Please list all chronic illnesses and give details as needed)

Current Medications: (List all dosages and milligrams) _____

Allergies: (e.g. food, penicillin, etc.) _____

Previous operations/additional medical information: _____

PHOTOGRAPHIC, RECORDATION, AND REPROGRAPHIC RELEASE

By signing this document we, Participant's Guardians, hereby give Lakeview Baptist Church the absolute, irrevocable right & permission to use Participant's name & to use, reproduce, edit, exhibit, project, display, copyright, & publish photographic images, moving pictures, & videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, or recorded during any Youth Ministry Activity, & therefore to circulate the same in all forms of media for art, advertising, trade, or competition, of every description or for any lawful purpose whatsoever.

PRE-INJURY WAIVER, RELEASE, INDEMNIFICATION, AND HOLD-HARMLESS AGREEMENT

We realize and acknowledge that Participant's participation in a Lakeview Baptist Church of Auburn, Alabama ("Lakeview") event, mission trip, ministry project, youth camp, field trip, sports activity, or activity of any kind (collectively, "Youth Activity") anywhere within the United States or in an international country, & travel to & from a Youth Activity, includes many risks & possible dangers. We further acknowledge that a Youth Activity may expose Participant to accidents, disease, war, political unrest, & inherently dangerous activities, including, by general description & not by way of limitation, horseback riding, go-cart racing, swimming, water skiing, jet skiing, other water sports, hiking, archery, sports activities, & any other activities in which youth may engage (collectively "Risks"). We have measured the Risks against the benefits of Participant participating in a Youth Activity & have determined that the benefits far outweigh the Risks.

In good & valuable consideration, including, but not limited to, Participant being allowed to participate in a Youth Activity, & to the fullest extent permitted by law, we, Participant's Guardians, on behalf of ourselves, heirs, executors, administrators, & Participant, unconditionally agree to waive, release, indemnify, & hold harmless Lakeview, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, staff members, & assigns (collectively, "Lakeview Releases"), from any & all liability, claims, demands, & causes of action for personal injury, sickness, disease, death, damages, property damage, & expenses of any nature (collectively "Claims"), incurred by us or Participant, arising out of or related to in any way to a Youth Activity, including negligence & fault, in whole or in part, of the Lakeview Release, including all attorneys' fees and costs to defend any claim or cause of action to the extent disposition of said attorneys' fees and costs is not otherwise determined in this Agreement. This Pre-injury Waiver, Release, and Hold-Harmless Agreement applies to all Claims that exceed insurance payments, if any, actually received by Lakeview. If no insurance

payments are received by Lakeview, then this Lakeview Baptist Church of Auburn, Alabama Youth Activity Form For Minors Under 19 Years Of Age Authorization For Medical Treatment and Photographic And Reprographic Release And Pre-injury Waiver, Release, Indemnification, And Hold-Harmless Agreement ("Youth Activity Form") applies to all Claims. However, there is no obligation, express or implied, for Lakeview to procure insurance coverage to cover any potential Claim. Lakeview will use reasonable efforts to obtain commercially reasonable & available commercial liability insurance. Lakeview affirms that the safety & well-being of all Participants is of utmost importance.

We, Participant's Guardians, have considered the ability to obtain independent insurance coverage & certify that we have secured primary medical insurance for Participant or have other means to cover the expense of any loss, damage, or injury, as described above, & we accept the Risks & associated expense.

To the extent any of the terms or provisions of this Youth Activity Form is deemed unlawful or unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are deemed unlawful or unenforceable shall be stricken & the remaining terms & provisions shall remain in full force & effect to effectuate the intent of the parties for this Youth Activity Form to be an enforceable non-commercial pre-injury release of a minor under Alabama common law.

This form will be effective for participation in any Lakeview Youth Activity that begins on or after the date this document is signed.

We, Participant's Guardians, acknowledge that we are the parents or legal guardians of Participant, have read & understood this Youth Activity Form in its entirety, & have signed & delivered it voluntarily.

DISPUTE RESOLUTION

We, Participant's Guardians, believe the Bible commands us to make every effort to live at peace & to resolve disputes in private or within the Christian church (Matthew 18:15-20; 1st Corinthians 6: 1-8). Therefore, we, Participant's Guardians, agree that any Claim or dispute arising from or related to this Youth Activity Form shall be settled by Biblically-based mediation &, if necessary, legally binding arbitration in accordance with the Rules of Procedure for The Institute For Christian Conciliation. All such mediation & arbitration shall take place in Lee County, Alabama. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. We, Participant's Guardians, understand that these methods shall be the sole remedies for any controversy or Claim arising out of this Youth Activity Form & we, Guardians & Participant, expressly waive our right to file a lawsuit in any civil court against Lakeview, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, staff members, designees, & assigns, for such disputes, except to enforce an arbitration decision. We, Participant's Guardians, agree that the prevailing party in any arbitration dispute will be entitled to attorneys' fees, costs, & expenses of any arbitration dispute resolution & that we, Participant's Guardians, will be responsible for such attorneys' fees, costs, & expenses of litigation should Lakeview be deemed the prevailing party in any arbitration dispute. The Arbitrator(s) shall determine entitlement & amount of attorneys' fees, costs, & expense of arbitration. For more information regarding The Institute for Christian Conciliation, please go to their website at www.peacemaker.net.

If, and only if, mediation and arbitration are unavailable or otherwise unenforceable, we, Participant's Guardians, agree that the state courts of Lee County, Alabama shall have exclusive jurisdiction and venue over any claim, cause of action, or dispute between Lakeview & ourselves. We, Participant's Guardians, further agree that the laws of the State of Alabama shall apply to any claim, cause of action, or dispute between Lakeview and ourselves.

We, Participant's Guardians, acknowledge and agree that we have read and understood this entire Minor Activity Form and its effects on our rights. We acknowledge that no oral representations, statements, or inducements have been made to us separately from the terms of this Form. We voluntarily sign this agreement of our own free will and with the intention to bind ourselves, heirs, successors, and assigns to its terms.

We understand that travel in vehicles may or may not be included in the activities.

PLEASE COMPLETE AND SIGN BELOW

Signature of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Printed Name of Parent(s) or Guardian(s)

Printed Name of Parent(s) or Guardian(s)

Date

Date

Signature of Witness to Above Signature and Date

Signature of Witness to Above Signature and Date