

# MINOR RELEASE FORM

Please read carefully: Every *minor* (any persons under 18 years of age) attending an Oakridge event with activities *must* have a parent/legal guardian fill out this form. If any individual does not turn in a completed Release Form, they will not be able to register or take part in any form of Oakridge recreational activity. *Thank you!*

PLEASE PRINT CLEARLY	FULL NAME OF MINOR (FIRST, MIDDLE INITIAL, LAST)	AGE	DATE OF BIRTH (MM/DD/YYYY)	SEX	INSURANCE COMPANY	POLICY NO./INFO	PLEASE PRINT CLEARLY

Please fill out **ONE** form for each **RESIDENCE**. Each minor listed above shall henceforth be known as "Participant(s)."

 { MINOR'S  
 INFORMATION }

Group/Church: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

 { PARENTS'  
 INFORMATION }

Full name/Relationship: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

 Home/Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*if different from above*

Other Contact: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**The Participant(s) understands the following rules/regulations concerning participation in Oakridge recreational activities:**

- {1} NO MINOR may participate in ANY Oakridge activity without a signed Release Form from a parent or legal guardian.
- {2} Any health issues, allergies, reactions, illnesses, medications, treatments, conditions, etc. relevant to the Participant(s) are to be reported in advance; any aforementioned health issues, etc. are to be reported SEPARATELY to the group leader responsible for overseeing the Participant(s) while at Oakridge. It is the responsibility of the ADULTS and GROUP LEADERS, NOT Oakridge Staff, to oversee and administer all medications, treatments, etc. to any Participant(s) from their group. Oakridge Camp and/or Staff will not be held responsible for administering or failing to administer any medication, treatments, etc.
- {3} The Participant(s) is in good physical condition and capable of participating in and completing various Oakridge activities. Oakridge offers a wide range of activities, including many high-risk and weapons-related activities such as riflery, archery, waterslide, paintball, Go-Karts, rock- and cliff-climbing, swimming, high elements ropes course (Goliath), low elements ropes course, rappelling, water skiing, knee-boarding, etc., as well as transportation in vans, buses, and other vehicles to and from activities.
- {4} The Participant(s) wishes to be accepted for participation in all Oakridge activities, and the Participant(s) acknowledges that some activities will necessarily involve participation in activities which are, by their nature, physically and mentally intense/demanding and subject to possible hazards, not all of which can be foreseen and prevented. The Participant(s) assumes all of the ordinary risks normally incidental to the nature of these types of recreation, including risks and possible injuries which are not foreseeable.
- {5} The Participant(s) hereby releases all rights and claims for damages against Oakridge Ministries, Inc., and its various corporate associations, including its Staff, Directors, Volunteers, and all individuals assisting in instructing and conducting these activities, including the owners and lessors of premises used to conduct any and all activities, from all liability of any nature for any and all injuries, losses, or damages suffered by the Participant(s) at or in any way connected with these injuries, even if arising from the negligence of those persons aforementioned, except that which is the result of gross negligence and/or wanton misconduct.
- {6} In the event of an emergency, the Participant(s) does hereby authorize any X-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist of any hospital service that might be rendered under the general, specific, or special consent of the Oakridge Staff (in the absence of a spouse, Group Leader, or other group representative). The Participant(s) understands that each Participant(s) must provide his/her own health and accident insurance. In the event of an injury or medical need, expenses incurred will be the responsibility of each individual (private pay), individual personal insurance, or group insurance from the sponsoring group and Oakridge only thirdly.
- {7} The Participant(s) does hereby authorize and consent to the use of his/her visual image (obtained while on the property of or engaged in authorized activity with Oakridge Ministries) by Oakridge Ministries for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

*I have read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Oakridge Ministries will accept the above typed name as a valid digital signature.

 Mailing List: \_\_\_\_\_  
 Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Support: \_\_\_\_\_