



FUGE Release Form

Group Leaders: Bring **ONE notarized copy** of this document to registration and keep a **photocopy** for yourself to have with you in case of emergency at camp. **Attach a photocopy of insurance card.**

Church Information:

FUGE Venue: _____ Name of Church: _____
Group Leader: _____ Group Leader's cell # at Camp: (____) _____
Church Address: _____ City: _____ ST: _____ ZIP: _____

Camper's Info:

Participant Name _____ Age _____ Date of Birth: ____/____/____
Grade Completed (campers only): _____ Address: _____ City: _____
ST _____ ZIP _____ In case of an emergency notify: _____ Relationship to camper: _____
Phone Numbers-Home:(____) _____ Work(____) _____ Mobile:(____) _____ Other:(____) _____

Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____
List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble
Diabetes Dizziness Stomach Upset Hay Fever _____

List any any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone:(____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Employment: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the FUGE Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event 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.

Recreation- The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, equestrian activities and aquatics, (not available at every FUGE venue). You 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 backs and shoulders, 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. For more detailed information about the recreation programs offered at summer event locations, go to www.FUGE.com and follow the specific link to the camp venue's Group Leader Information.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release 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 portions shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/arbitration organization for binding resolution.

Copy to Camp Venue. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

Complete and sign below (*participants who are minors per your state statute require Parent/Legal Guardian signature*).

Participant's Signature (only if 18 yrs of age or older): _____ Date: ____/____/____

Parent/ Guardian Signature: _____ Phone: () _____ Date: ____/____/____

Notary Acknowledgement: State of _____ County of _____ On _____
before me, _____, Notary Public, personally appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: _____ My commission expires: _____

PARTICIPANT AGREEMENT FOR RELEASE AND ASSUMPTION OF RISK
(MINOR PARTICIPANT)

Please read this document carefully. It provides important information about the activities at Glorieta 2.0 and affects your legal rights and those of your child in the event that your child suffers a personal or bodily injury or other loss arising from his or her participation in activities or from being on the premises of the Camp.

...

I certify that I am the parent or legal guardian of _____ (“my child”), and that I am signing this Participant Agreement on behalf of my child. In consideration of my child being permitted to participate in activities of Glorieta 2.0, use its facilities, or visit its premises for any purpose, I acknowledge and agree to the following:

Activities: I understand and acknowledge that activities of Glorieta 2.0 in which my child may participate, on the premises of the Camp or elsewhere, may include, among others, the following: kayaking, canoeing, swimming, hiking, backpacking, archery and riflery, fishing, volleyball, basketball and other playground and gym games, rock climbing, rappelling, exploring caves (spelunking), zip lining, participating in “paint ball” games, mountain boarding (riding down dirt and loose-rock inclines), and riding mountain scooters (not motorized) and mountain bikes. As a participant, my child may also engage in competitions involving running, swimming, cycling, and other activities organized by the Camp or by others using the campgrounds and facilities. My child agrees to abide by rules and regulations of the Camp and to follow instructions of staff.

Risks of Activities and Premises: I understand and acknowledge that, whether my child is supervised or not, there are risks associated with the activities of the Camp and moving about its premises and other activity sites. These risks include the following: those ordinarily associated with rigorous outdoor activities, including the unpredictable forces of nature; rugged and sometimes unstable terrain; a remote environment that may cause significant delays in obtaining emergency medical care; falls, breaks, and sprains; contact with harmful plants and animals; vehicle collisions and accidents; drowning and near-drowning; errors in judgment and conduct, including negligence, of staff, co-participants, and others; the failure of gear and equipment; and other risks of property damage, bodily injury, and death. I understand and acknowledge that some of these risks are inherent in the activities and the premises and, without undertaking these risks, the Camp experience would lose its value and appeal.

Assumption of Risks: On behalf of my child, I acknowledge and assume all risks of the activities of Glorieta 2.0, wherever they may take place, and all risks of my child being on and moving about the premises of Glorieta 2.0 and any other sites of its activities. On behalf of my child, I acknowledge and assume all risks whether or not the particular risk has been described in the paragraph above and whether or not the particular risk is inherent in the activities undertaken or the premises. I have explained the risks to my child and my child understands them and chooses to participate in the activities and use the Camp and other facilities and premises in spite of such risks.

RELEASE: ON BEHALF OF MY CHILD, I AGREE TO WAIVE, RELEASE, AND NOT TO SUE GLORIETA 2.0, ITS OWNERS, DIRECTORS, OFFICERS, AGENTS, AND STAFF (EMPLOYEES AND VOLUNTEERS) (“RELEASED PARTIES”) FOR ANY PROPERTY LOSS, PERSONAL OR BODILY INJURY, OR DEATH SUFFERED BY MY CHILD THAT IS IN ANY WAY RELATED TO HIS OR HER ENROLLMENT OR PARTICIPATION IN ANY ACTIVITIES OF GLORIETA 2.0 OR HIS OR HER PRESENCE ON THE PREMISES OF GLORIETA 2.0 OR ANY OTHER ACTIVITY SITE.

Initials _____

PARTICIPANT AGREEMENT

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Indemnity: On behalf of my child, I further agree to indemnify and hold harmless (that is, to protect and defend, and pay demands and judgments, including costs and reasonable attorneys' fees) the Released Parties from any claim of property loss, personal or bodily injury, or death suffered by my child that is in any way related to his or her enrollment or participation in any activities of Glorieta 2.0 or my child's presence on the premises of Glorieta 2.0 or any other activity site.

THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS OF NEGLIGENCE BY ANY RELEASED PARTY BUT NOT CLAIMS OF RECKLESSNESS OR INTENTIONALLY WRONGFUL CONDUCT.

Other:

- On behalf of my child, I agree to the terms of this Participant Agreement and agree that the protections it provides to the released and indemnified parties are intended to be as broad and inclusive as permitted by New Mexico law.
- I hereby consent to Glorieta 2.0 taking or using any photographs of my child or recording my child, whether audio or video, while he or she is on the premises of Glorieta 2.0 or any other activity site. I agree that Glorieta 2.0 may use any such photographs or recordings of my child without providing any compensation or remuneration.
- Glorieta 2.0 is authorized to provide or obtain medical care for my child, as it deems appropriate or necessary, and to exchange medical information about my child with any third-party care providers.
- To the extent a claim asserted by me or my child against a Released Party is dismissed or deemed by a court of competent jurisdiction to be without merit, I agree that the Released Party may recover from me or my child his or her costs, including reasonable attorneys' fees, incurred in defending the claim.
- I acknowledge and agree that any suit that I or my child brings against a Released Party shall be brought exclusively in Santa Fe County, New Mexico, and that the laws applicable thereto shall be those of the State of New Mexico without regard to any conflict of law principles.
- This Participant Agreement may be amended only by a written instrument signed by a duly authorized representative of Glorieta 2.0.
- Should a court of competent jurisdiction find any provision of this Participant Agreement to be invalid, illegal, or unenforceable, on behalf of my child, I agree that the remainder of this Participant Agreement shall nevertheless remain in full force and effect.
- I acknowledge and agree that this Agreement is intended to be binding upon me and my child and my child's heirs, estate, executors, guardians, administrators, legal representatives, and assigns.

Signature: _____

Printed Name: _____

Date: _____

FELLOWSHIP OF THE ROCKIES RELEASE FORM

Summer 2014

Name of Student _____ Birth Date _____ Age _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Parent's Cell _____ Work Phone _____

HEALTH QUESTIONS (circle & give dates of immunizations or illness)

CPT _____; Polio _____; Measles/Mumps/Rubella _____; Flu _____; Rheumatic Fever _____; Whooping Cough _____; Diabetes _____; Chickenpox _____; Fainting _____; Sinusitis _____; Ear Infection _____; Asthma _____; Kidney Trouble _____; Sleepwalking _____; Frequent Sore Throats _____; Mood Disorders _____; HIV positive/Aids _____; Other _____

Any Operations or serious injuries _____

Allergies: Food _____; Drugs _____; Bee Sting _____; Wasp Sting _____; Insect Bites _____; Other _____

Should Student be restricted in any way? _____

Has the student been exposed to any communicable disease in the last 21 days? If yes what? _____

PERMISSION FOR MEDICATION

Please list all medications the student is taking. Including medications for any kind of behavior disorder, etc.

Medication: _____ Dosage: _____ Time of day to be given: _____

Purpose of medication: _____ Possible side effects: _____

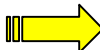
Medication: _____ Dosage: _____ Time of day to be given: _____

Purpose of medication: _____ Possible side effects: _____

Medication: _____ Dosage: _____ Time of day to be given: _____

Purpose of medication: _____ Possible side effects: _____

I hereby give my permission for my child to take the above medication as directed. I understand that it is my responsibility to furnish this medication in a container appropriately labeled by the pharmacy or physician, stating the child's name, the name of the medication and the dosage. Over-the-counter medications, i.e., vitamins, Tylenol, etc., must also be labeled with the child's name and the dosage.

 Signature of Parent or Guardian _____ Date _____

MEDICAL RELEASE FORM (To be completed by parent or guardian)

IMPORTANT If a medical emergency should arise I hereby give permission to the Director/Leader to select a physician and or a hospital for my child's care. I hereby also give the hospital and/or physician, as selected by the Director/Leader my permission to hospitalize, treat, and to order injections, anesthesia, or surgery as needed.

In the event of injury, I agree to be responsible for all medical costs incurred and any insurance necessary. I hereby waive and release any and all claims for damages I, or my family, may have against Fellowship Of The Rockies Church, the other churches involved or any of the participants of the trip or event.

I understand that I am responsible for my child's conduct during this activity and hereby give permission for reasonable corrective measures to be taken should my child need them (including dismissal travel expenses at the parents expense). I understand that I will be assessed reasonable charges for damages to property caused by my child.

Insurance Company _____ Group Id _____ Policy Number _____

 Signature of Parent or Guardian _____ Date _____



SPECIAL ATTENTION CARD

CAMP LOCATION: _____ CAMP DATES: _____

Student Name: _____ Age: _____

Church Name: _____ Group Leader: _____

Bible Study Leader: _____

DESCRIPTION OF NEED: (use space below as needed)

Please provide information that will help us to better minister to this student. DO NOT disclose any confidential information.

FOR FUGE USE ONLY

Provide details of ways you ministered specifically to this student.

Provide any changes noted or actions taken on the part of the student.

Provide comments to group leader about this student.

STAFF SIGNATURE: _____ DATE: _____