



Bay Shore Camp and Family Ministries
General Release of Liability, Waiver of Claims, Assumption of Risks,
Hold Harmless, Indemnity Agreement, and Medical Form
(Family Waiver)

Parent/Guardian/Participant Name: _____ DOB: _____ Age _____

Address: _____ City/State: _____, _____ Zip _____

Insurance Provider: _____

Other Family Members, Ages, Relationship to Participant: _____

Person to notified in the event of an emergency: _____ Phone: _____

Do any of the participants have any special needs, physical limitations, pre-existing injuries (ankle, knee, back, etc.) or any known allergies? NO YES, If yes, please explain _____

Are any of the participants taking any medications? NO YES, If yes, please list name, medications and times of dispensation. _____

Do any of the participants have heart problems or take heart medications? NO YES, If yes, please explain _____

Have any of the participants recently been exposed to contagious or infectious diseases? NO YES, If yes, please specify disease and date of exposure _____

Are the participant's immunizations up to date? NO YES

Date of last Tetanus shot (if known): _____

Name of Preferred Physician: _____ Phone: _____

Please include any additional information that you feel is relevant _____

The above-named participants intend to attend and take part in the programs of Bay Shore Camp and Family Ministries (Bay Shore Camp). The person signing this document represents and warrants to Bay Shore Camp that he/ she is authorized to a) grant permission for the participants to take part in such programs, and b) sign this document. All programs are based in and from the State of Michigan.

In consideration of crossing, renting, participating in, using, or otherwise being present in or upon the programs, facilities, and private properties of Bay Shore Camp, located at business address 450 N. Miller Street, Sebawaing, MI 48759, including all properties held by, used by, or titled to Bay Shore Camp:

1. I realize that Bay Shore Camp intends to take all necessary precautions against injuries and accidents. I, the undersigned, for myself, and my estate, heirs, administrators, executors, and assigns, hereby release, forever discharge, and hold harmless Bay Shore Camp and its transferees, successors, and assigns (collectively the "Releasees) from any and all liability and responsibility whatsoever, however caused, for all damages, claims, demands, and/or cause of action

that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the above named participant's attendance or participation in any program or activity under the direction and/or supervision of Bay Shore Camp, or my presence in, on, or upon the properties of Bay Shore Camp (all of which is hereafter collectively referred to as the "Activities"), whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise. Activities offered by Bay Shore Camp in which the above-named participants may participate may include but are not limited to the following: Evening Programs – games, hikes, etc., Climbing Wall, Zipline, Canoeing, Low Ropes Course, Swimming, Paintball, Re-ball, Laser tag, Cooperatives and Initiatives.

2. I fully understand there are potential risks and hazards associated with the Activities and with Bay Shore Camp, which is a natural area, and which includes a body of water, falling/fallen timber, ruts, and holes, recreational and experiential facilities, and local wildlife. I have voluntarily chosen/granted permission to the above-named participants to participate in the Activities and/or to be in, on, or upon the property of Bay Shore Camp, and I voluntarily assume all risks and responsibility for any resulting loss, property damage, illness, personal injury, and/or death, whether caused by negligence of the Releasees, accident, deliberate act, omission, or otherwise. I further agree to make restitution for any damages incurred while the above-named participants participate in the Activities and/or is present in, on, or upon the property of Bay Shore Camp.

3. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, judgment settlement, or costs, including court costs and attorney fees, that the above-named participants may incur due to his/her participation in the Activities or his/her presence in, on, or upon the property of Bay Shore Camp, whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise.

4. I hereby grant permission to Bay Shore Camp, which is licensed by the State of Michigan, to administer medications and to secure routine nonsurgical medical care and emergency medical or surgical treatment for the above named participants while the participants are participating in the Activities and/or while he/she is otherwise on the premises of Bay Shore Camp. I further understand that Bay Shore Camp does not maintain any medical insurance policies covering any circumstance arising from the participant's participation in the Activities or his/her presence in, on, or upon the properties of Bay Shore Camp. I transfer and assign to any hospital or clinic in which the above-named participant is confined or treated all hospitalization and insurance proceeds which may be paid to me/us. I further agree to pay any amount not covered by insurance. If the above-named participant is a minor, the participant's group leader or a Bay Shore Camp staff member will notify the participant's parent or authorized person should the participant require a physician's attention for illness or injury.

5. I hereby grant Bay Shore Camp permission to use a photograph or other image or likeness of the above-named participant for use in Bay Shore Camp approved publicity, including, but not limited to, brochures, newspapers, magazines, radio, and television. If the following blank is initialed, I do NOT grant permission for the use of the participant's image or likeness in publicity. ____

6. In signing this agreement, I acknowledge and represent that I have read and understood this document, that I sign it voluntarily, and that no oral representations, statements, or inducements have been made. I am at least eighteen years of age and fully competent. I understand that I am giving up substantial rights by signing this document and voluntarily agree to be bound by it.

Signature of Participant, Parent, or Authorized Person _____ Date: _____

If Parent or Authorized Person, please print name: _____

Address if different from the above-named participant:

Address: _____ City/State: _____, _____ Zip _____

Home Telephone: _____

Cell Phone: _____

Work Phone: _____