

Taylor County Holiness Camp Ground, Inc.

2008 Medical & Liability Release Form

(Please Print)

ADULT

Group Information:

Group Name: _____

City: _____ State: _____

Group Leader Name: _____

Counselor/Youth Pastor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: _____

Date of Birth: _____

Physician's Name: _____

Physician's Phone: _____

Emergency Information:

Contact Name: _____

Relationship to Counselor/Youth Pastor: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Email: _____

Health History:

Allergies: _____ Insect Stings _____ Drugs _____ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions): _____

Conditions: _____ Heart _____ Frequent Colds _____ Chronic Asthma
_____ Diabetes _____ Hay Fever _____ Physical Handicap
_____ Epilepsy _____ Frequent Stomach Upsets

Please explain: _____

Date of last tetanus shot: _____

Any activity restrictions or physical limitations? _____ Yes _____ No

If yes, please explain: _____

Do you have health insurance? _____ Yes _____ No

If yes, name of company: _____

Policy Number: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Phone: _____

WAIVER, ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION, AND CONSENT AGREEMENT (“RELEASE”)

I am over the age of eighteen, and I am fully competent to sign this Release. I certify that I am in good health, have no mental or physical conditions that would prevent my participation in the encampment and/or its recreation activities, and have no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of being permitted to participate in the Taylor County Holiness Camp Ground, Inc.'s (the "Camp's") activities and to use the facilities and equipment at the Camp, I, on behalf of myself and my representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, "my Representatives"), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks, and I, on behalf of myself and my Representatives, voluntarily accept all risk to my health that may result from such participation or use. Therefore, I, on behalf of myself and my Representatives, hereby agree that Taylor County Holiness Camp Ground, Inc., its directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, "Released Parties") SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that I may sustain in any way which directly or indirectly results from or arises from my attendance or participation in the Camp. Furthermore, I, on behalf of myself and my Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that I or my Representatives may have or assert, even if caused in whole or in part by the NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys' fees, costs, and expenses, whether suit is filed or not.

I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at the local clinic or hospital to me as they deem necessary.

This Release contains the entire agreement between the parties, and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party.

I HAVE READ AND UNDERSTAND THIS RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

Signature

Date