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## Waiver & Release

*Participants in recreational events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) must have a signed and witnessed OR notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized. Pages 1, 2, and 3 of this form must be presented at Event check-in.*

Church/Organization Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male/Female

Address: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Event Name: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ Event Date: \_\_\_\_\_

Please check which one best describes the attendee (more than one may apply):

- Student       Group Leader       Student Leader  
 Adult                       Minister

Please read the recreation activities description on Page 4 and initial that you understand all approved activities for the person herein described.

\_\_\_\_\_ 3.1 Adventure Recreation on Property

\_\_\_\_\_ 3.2 Adventure Recreation Off Property

\_\_\_\_\_ 3.3 Adventure Recreation Paintball

\_\_\_\_\_ 3.4 Waterfront

**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release / Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue SSBCC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify SSBCC for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**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, whether caused by SSBCC's negligence or otherwise. (See Page 4 for SSBCC Recreation Activities Descriptions)

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the group's leader, not SSBCC, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC events.

SSBCC's guest medical supplement will assist within current/prescribed **limitations** in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, SSBCC's guest medical supplement will also assist within current/prescribed **limitations**.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, 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 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/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SSBCC. SSBCC, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

**Please check, which applies:**

Parent/Guardian (for attendee under 19 years of age)

Attendee (19 years of age and over)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Attendee \_\_\_\_\_ Contact #: \_\_\_\_\_

**Witness**

I witnessed \_\_\_\_\_  
Name of Parent or Guardian  
sign the above Waiver and Release on  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

**Notary Information**

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The state of \_\_\_\_\_  
The county of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_  
known to me (or proved to me on the oath of \_\_\_\_\_)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.