

**BAPTIST RESOURCE NETWORK OF PENNSYLVANIA/SOUTH JERSEY ("BRN")
MEDICAL RELEASE AND PARTICIPANT REGISTRATION FORM**

Please read this form closely and make sure you understand it completely.

SECTION 1: Event Information

Event Name: _____ Date(s) of Event: _____

SECTION 2: Background of Participant and Parent/Legal Guardian: (please print clearly)

Name of Participant: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Church: _____ Address: _____

City: _____ State: _____ Zip: _____

In Case of Emergency Notify: _____ Contact Phone: _____

Parent or Legal Guardian Name: _____ Phone: _____

Please Check One: Mother Father Other Email Address: _____

SECTION 3: Medical Profile

Generally, Participant's health is: (check one) Excellent Good Fair Poor

If health is not excellent, please explain condition and any medical difficulties or injuries for which Participant is being treated: _____

List any medicines or substances to which Participant is allergic: _____

List any medications Participant is currently taking: _____

List any special diet Participant may require: _____

Has Participant had a Tetanus shot within the last 10 years? (check one) Yes No

Family Physician: _____ Physician's Phone: _____

Health Insurance Provider/Company: _____ Policy #: _____

Subscriber Name: _____ Subscriber #: _____

SECTION 4: Release, Waiver, and Indemnity Agreement

Representations and Warranties: The undersigned (collectively, whether one or more, the "Parents/Legal Guardians") hereby represent and warrant that:

- a. the Parent(s)/Legal Guardian(s) are the biological parents, legal custodians, and/or legal guardians of Participant (if a minor);
- b. Participant has no physical or mental condition that would create any unusual or undue risk of accident or injury while at the Event.
- c. Parent(s)/Legal Guardian(s) will not send Participant to the applicable camp, conference, retreat, or mission trip (such event, together with all related activities, the "Event") if they have a positive COVID-19 test within five days before the start of the Event, or if they are suspected to have COVID-19 or have been exposed to an individual with a positive COVID-19 test within 5 days of the start of the Event.

Consent: The Parents/Legal Guardians hereby consent to:

- a. Participant's attendance at the Event and participation in all related activities and
- b. BRN's photographing and videotaping Participant during the Event and use of such materials and images in promotional materials.

Assumption of Risk: The Parents/Legal Guardians hereby acknowledge and agree that:

- a. Participant will likely engage in a number of activities at the Event that will carry various levels of risk of injury and require a certain amount of physical fitness and/or overall health in order to safely participate;
- b. BRN cannot possibly list every activity in which Participant may participate at the Event that could result in an injury or accident but hereby provides this non-exhaustive list for your information: numerous activities typically associated with camps, including games and recreation, as well as more general risks such as exercise, low temperatures, physical contact, and exhaustion;
- c. Participant will have the right to opt out of any activities that Participant is unable or unwilling to complete;
- d. Notwithstanding all of the above, the Parents/Legal Guardians hereby voluntarily assume and accept all risks associated with the Event including, without limitation, for personal injury to Participant and damage to Participant's property.

Covid-19: The novel coronavirus, COVID-19, is extremely contagious, believed to be transmitted by person-to-person contact regardless of whether those persons may be exhibiting symptoms, and has been declared a worldwide pandemic by the World Health Organization. BRN will stay apprised of the recommendations provided by federal, state, and local governments and agencies; however, BRN cannot (and do not) guarantee that Participant and Participant's family, friends, and others will not become exposed to and/or infected with COVID-19. In consideration of being allowed to participate in the Event, Participant voluntarily assumes the risks that by attending and participating in the Event he/she and his/her family, friends, and others may become exposed to and/or infected with COVID-19 and that such exposure and/or infection could result in personal injury, illness, disability, and/or death. BRN will use its discretion in determining what safety measures will be appropriate with respect to the Event, and Participant shall be required to fully comply with any and all such measures as a condition to being permitted to participate in the Event.

Release: In consideration for Participant being permitted to enroll in the Event, the Parents, on behalf of themselves, Participant, and their respective heirs, executors, administrators, and assigns, hereby release BRN and all of BRN's officers, directors, employees, affiliates, agents, and representatives (collectively, the "BRN Releasees") from any and all present and future responsibilities, liabilities, obligations, claims, and demands (collectively, "Claims") arising from or related to:

- a. Participant's participation in the Event, including, without limitation, related to any injury, illness, or damage to personal property resulting during Participant's presence at and/or participation in the Event, regardless of how or when it may occur; provided, however that the foregoing shall not release BRN from any Claims to the extent of any grossly negligent or intentionally wrongful acts or omissions by BRN;
- b. any and all sicknesses or injuries relating to or resulting from Covid-19 that Participant and/or Participant's friends, family, and/or others may suffer or sustain, regardless of cause or fault, as a result of Participant's voluntary decision to utilize the facilities and premises of BRN;
- c. any and all luggage, personal effects, and other belongings brought by Participant to the Event;
- d. any act or omission by any carriers, vendors, and other suppliers responsible for providing any goods or services related to the Event (collectively, "Suppliers") as independent contractors and not as agents, employees, or representatives of BRN or joint venturers with BRN; and
- e. any Medical Treatment that Participant receives in connection with his or her participation in the Event.

Indemnification: The Parents/Legal Guardians shall indemnify and hold harmless BRN and each of the BRN Releasees from any and all losses, damages, claims, expenses, and other liabilities and obligations (including, without limitation, attorneys' fees and costs of defense) that arise out of, or otherwise relate to, any and all personal injury, property damage, and/or wrongful death that Participant may either suffer or incur or cause to be suffered or incurred to others in the course of participating in this Event.

Medical Insurance: The Parents/Legal Guardians hereby acknowledge and agree that that medical insurance policy which has been identified above by the Parents as providing coverage to Participant shall be primarily responsible for all medical expenses associated with any injury or illness suffered by Participant.

Miscellaneous: This document is governed by the laws of the state of Pennsylvania and New Jersey. The undersigned agree and understand that if any provision hereof is held to be invalid for any reason whatsoever, the remaining provisions shall not be affected thereby. If such provision may be modified or reformed so as to be valid, then the provision shall be deemed to be so modified or reformed to that extent which would most accurately reflect the intent of the parties hereto while also being valid and enforceable.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and/or that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Participant Signature (if over 18)

Date

Parent/Guardian Signature (if Participant is a minor)

Date

Parent/Guardian Name (Print)

Parent/Guardian Phone

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

On [DATE] _____ before me, [NAME AND TITLE OF OFFICER] _____, personally appeared [NAME OF SIGNER] _____, 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 she/she/they executed the same in his/her/their authorized capacity(ies), and that by 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 of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Title of Officer

Date of Commission Expiry