

Lincoln Association of Baptists Camp Waiver

Each of the undersigned affirms that each is mindful of the risks of illness injury in the activities available at the event operated by Lincoln Association of Baptists (LAB) and the undersigned assume full risk and responsibility for any illnesses, accidents or injuries to the Participant. Each of the undersigned represents and warrants that the Participant has no physical or mental condition which creates an unusual or undue risk of illness, accident or injury while engaged in event activities. In consideration for permitting Participant to enroll in said activities offered by LAB the undersigned for themselves, their family, heirs, executors, administrators, assigns and Participant hereby voluntarily releases and discharges LAB and any of its officers, directors, agents, servants, affiliates or employees for any claim of illness, personal injury, property damage or wrongful death arising out of or in any way related to Participant's presence at and/or participation in a LAB event, wherever or however it may occur, whether caused by negligence of LAB, its employees, officers, directors, agents, servants, affiliates or other persons or entities conducting or sponsoring the event, or otherwise.

Parent(s) further agree to indemnify and hold harmless LAB or any of its officers, directors, agents, servants, affiliates and employees from all claims including attorney's fees and costs of defense for illness, personal injury, property damage or wrongful death which Participant may sustain or cause to third parties or LAB in the course of participating in this activity. The undersigned further agree that should there be any injury or illness to the Participant, Parent's health insurance shall be the carrier primarily responsible for Participant's medical expenses.

The undersigned hereby grants permission for LAB to obtain necessary medical treatment in case of illness or injury to Participant. Medical treatment means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, radiology services, pharmacy services, and blood testing. This authorization is intended to, and does hereby, grant to LAB full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done as we might or could do if personally present, hereby ratifying and confirming all that LAB shall do or cause to be done by virtue of the authority granted hereby.

Photo Waiver

I hereby authorize the use of any photographs of my child taken while at the camp to be used by the camp in any promotional material or on social media. I further understand and acknowledge that other camp participants may take and post photographs of my child.

Name of Participant: _____

Signed: _____
(Parent or Legal Guardian) (Date)