

Church Group _____ Participant Name _____

**Kentucky Baptist Assemblies, Inc. dba Crossings Ministries
Medical Release and Participant Registration Form**

I. Please Read Carefully: This form is intended to: (1) Register the hereinbelow named person ("Participant") to attend any camp/conference/retreat operated by Kentucky Baptist Assemblies, Inc., dba Crossings Ministries ("CM") or at a camp/conference/retreat taking place at its Jonathan Creek Camp and Conference Center in Marshall County, Kentucky, its Cedarmore Camp and Conference Center in Shelby County, Kentucky and other locations as appropriate; (2) Provide background information and any medical or other information particular to the participant which should be made known to CM; (3) Obtain the consent of parent(s) or legal guardian(s) (hereinafter referred to as "Parent") for CM to obtain necessary medical attention in case of sickness or injury to Participant; (4) Obtain the consent of the Parent and Participant to photograph or video tape participant during normal camp activities and to use such photographs or video tapes in promotional materials produced by CM and (5) Obtain a release, waiver of liability and indemnity agreement for any injury sustained or caused by the Participant while at a CM facility or while engaging in activities sponsored by CM away from the facility. Please read this Participant Registration form closely and make sure you understand it completely.

II. Background of Participant and Parent: (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 _____ Home Phone _____
 Work Phone _____

Parent(s) or Legal Guardian(s):

1) Name _____ Gender M or F Please Circle one: Mother Father Other
 Email Address _____ Home Ph _____ Work Ph _____
 2) Name _____ Gender M or F Please Circle one: Mother Father Other
 Email Address _____ Home Ph _____ Work Ph _____

III. Medical Profile

Generally, Participant's health is: (circle one) Excellent Good Fair Poor
 If health is not excellent, please explain condition _____

 List 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 the Participant had a Tetanus shot within the last 10 years? ____ Family Physician _____
 Physician's Phone _____
 Health Insurance Provider/Company _____
 Policy # _____ Subscriber Name _____
 Subscriber # _____ Place of Employment _____
 Subscriber Occupation _____ Work Phone _____

IV. Release, Waiver and Indemnity Agreement

Participants at CM facilities and other locations as used, typically engage in a number of activities. These activities carry varying levels of risks of injury and may require a certain amount of physical fitness and/or overall health in order to safely participate. We want you to be fully informed as to the type of activities that are offered. Of course, we cannot list every activity available at the facilities but Participants at CM may participate in high and low element climbing activities, water skiing, tubing, swimming, canoeing, various water activities, horseback riding, mountain biking and other activities typically associated with camps/retreats/conferences. As noted, this is not intended to be a comprehensive listing of every activity which the Participant may encounter, but it is simply meant to call to your attention a number of our special activities which carry some risk of injury or accident.

The undersigned acknowledges that the Participant named herein intends to attend camp/retreats/conferences at a facility operated by CM, and other locations as used, and that the undersigned is the parent or legal guardian of the Participant. The undersigned affirms that each is mindful of the risk in the activities available at the camp/retreat/conference operated by the CM and other locations and the undersigned assumes full risk and responsibility for any accidents or injuries to the Participant. The undersigned represents and warrants that the Participant has no physical or mental condition which creates an unusual or undue risk of accident or injury while engaged in camp/retreat/conference activities. In consideration of permitting Participant to enroll in said activities offered by CM the undersigned for themselves, their family, heirs, executors, administrators, assigns and Participant hereby voluntarily release and discharge CM or any of its officers, directors, agents, servants, affiliates or employees for any claim of personal injury, property damage or wrongful death occurring to Participant arising out of or in any way related to Participant's attendance at said locations during the course of Participant's stay at a CM facility, wherever or however it may occur, whether caused by the negligence of CM, their employees, officers, directors, agents, servants, affiliates or other persons or entities conducting or sponsoring the camp, or otherwise. Parent further agrees to indemnify and hold harmless CM or any of their officers, directors, agents, servants, affiliates and employees from all claims including attorney's fees and costs of defense for personal injury, property damage or wrongful death which Participant may cause to third parties or CM in the course of participating in this activity. The undersigned further agree that in the event of any injury or illness to the Participant, Parent's health insurance shall be the primary carrier.

The undersigned hereby grants permission to obtain necessary treatment in case of sickness or injury to Participant. The undersigned hereby give their consent to CM to photograph or video Participant during normal camp activities and to use such images in promotional materials used by CM.

Participant _____ Parent _____

Parent _____

County of _____

State of _____

Subscribed, sworn to and acknowledged before me by _____ and _____ on the _____ day of _____, _____.

My Commission Expires: _____

NOTARY PUBLIC _____