

ADULT REGISTRATION FORM Kid's Camp 2020

PLEASE PRINT LEGIBLY

This box must be completed by a church leader

(SPONSOR'S NAME)

has been secured and is recommended for this position by:

(CHURCH NAME)

Church Leader
Sign Here

(Signature **MUST** be by someone other than yourself or a family member)

(CHURCH OFFICE HELD)

(DATE)

_____ church has ran background check

The questionnaire below must be completed & signed by the sponsor who will be attending Kid's Camp.

NAME _____

AGE: _____ MALE FEMALE
(MUST BE 21 OR OVER)

ADDRESS _____

CITY/ST/ZIP _____

HOME PHONE (_____) _____

CHURCH NAME _____

CHURCH CITY/ST _____

Experience working with children: _____

Have you ever been convicted of child abuse, or a crime involving actual or attempted sexual molestation of a minor?

YES NO If yes, explain:

Do you have any communicable diseases? YES NO

If yes, explain: _____

Do you have any special needs? YES NO

If yes, explain _____

EMAIL _____

T-SHIRT SIZE: Small Medium Large

X-Large XX-Large

XXX-Large

NOTE: If no shirt size is indicated, you will receive a L shirt.

KNCSB will be videotaping and photographing this event. Most likely, you will be filmed, recorded or photographed as part of a group or individually. By your attendance, you are granting permission to be videotaped or photographed and agree to the following: being recorded, filmed, videotaped, or photographed by any means; any use of your likeness, voice, and words without compensation; specifically waiving all rights of privacy during videotaping, filming, recording, or photographing and release KNCSB from liability for loss, damage, or compensation for the use of your likeness, image, voice, or words; in compliance with all rules and regulations of KNCSB for this event.

Sponsor
Sign Here

WEBSTER CONFERENCE CENTER CHALLENGE COURSE AGREEMENT

Agreement to Participate, Assumption of Risk and Release of Liability

Instructions: If you wish to participate in the Challenge Course, complete all of the following information on this form. If you do not wish to participate, sign in the place box below and skip the remainder of this form.

I DO NOT wish to participate on the Challenge Course.

(If you have signed your name in this box, do not complete the following information.)

Whereas, I the undersigned wish to participate on the Challenge Course of Webster Conference Center of Salina, Kansas, I acknowledge that during the activities in which I will participate, there will be a certain amount of risks and danger. These include, but are not limited to, depending on other people and being at various heights (ground to 35'), and accidents. I recognize that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. My health form is current and accurate, and I understand it is solely my responsibility to determine where there is any medical reason that I should not participate. I also state that I am not under the influence of any chemical substance, including alcohol.

I have and do hereby assume all the above risks and any other ordinary risk incidental to the activity that are not specifically foreseeable, and will hold Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss. In short, I will not sue Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates. This is binding on me, my executors, heirs and next of kin, successors and assigns, or anyone else who might sue or claim on my behalf. I also understand that my physical activity involves risk of injury, and I have entered into this activity voluntarily and take full responsibility for my decision to participate or not to participate and I agree to follow all safety instructions.

Signature: _____

Date: _____

Name of Physician: _____

City, ST _____

Physician's Phone (_____) _____

This section must be completed to participate on any Challenge Course elements.

Do you frequently suffer from pains in your chest?

YES NO

Do you often feel faint or have spells of severe dizziness?

YES NO

Has a doctor ever told you that you have high blood pressure?

YES NO

Has a doctor ever told you that you have heart trouble?

YES NO

Has a doctor ever told you that you have epilepsy?

YES NO

Has a doctor ever told you that you have asthma?

YES NO

Has a doctor ever told you that you have diabetes?

YES NO

Are you currently sick, in treatment and/or using a medication(s)?

YES NO

If yes, explain _____

List any Allergies:

Drugs _____

Other Medical Needs: _____

Have you had any operations or serious injuries in the last three months? YES NO

If yes, please list _____

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Have you been restricted from sports or swimming for any reason? YES NO

If yes, explain _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? YES NO

If yes, explain _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.