

MEDICAL TREATMENT AUTHORIZATION FORM

PARTICIPANTS INFORMATION

Last name:

First name:

Middle name:

**PLEASE READ CAREFULLY BEFORE SIGNING! (This involves and affects your legal rights.)**

Medical Treatment Authorization Form This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, when the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Hospital/ Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for **ADVENTUREACH STAFF** (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through September 31, 2020.

Parent or Legal Guardian signature

Date



WAIVER AND RELEASE OF LIABILITY

**PLEASE READ CAREFULLY BEFORE SIGNING! (This involves and affects your legal rights.)**

In exchange for being allowed to participate in any way in this event and related activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of significant injury from the activities involved in this program does exist, including the potential for, but not limited to, falls, slips, scrapes, cuts, bruises, sprains, broken bones, contact with other players, as well as other risks related to the exertions inherent in athletic activity. And while particular rules and equipment are designed to prevent all of the above, the risk of injury does exist.
2. By freely signing this document, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I certify that I AM THE AGE THAT STATED ON MY APPLICATION; and that this waiver remains in full force and effect until specifically revoked in writing by me.
3. I willingly agree to comply with all the stated and customary rules of conduct and game play instituted by ADVENTUREACH and abide by their conditions for participation. If, however, I observe any unusual or significant hazard during my participation, in or near my presence, I will remove myself from participation and/or proximity of the hazard and bring it to the attention of the nearest event official immediately.
4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS: ADVENTUREACH, the property owners, assistants, volunteers, medical personnel, officers, employees, sponsoring agencies, sponsors, advertisers, owners or lessors of any premises used to conduct the event (known herein as RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss, or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I agree to indemnify and defend ADVENTUREACH against all legal claims, damages, judgments, costs or expenses, including attorney fees and Other litigation costs, which may in any way result in my, or my family's involvement in events provided through ADVENTUREACH. I agree to pay for any damages to site host facilities caused by my own negligent, reckless, or willful actions.
6. This Agreement is the product of an arm's length negotiation between participants and ADVENTUREACH. In the event of any ambiguity found in the interpretation of this Agreement, both parties explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
7. If one provision of this Agreement is found to be invalid or unenforceable when applied to a particular circumstance, that shall not render any other provision (or the same provision related to other circumstances) invalid or unenforceable.

**I have read this release of liability and assumption of risk agreement. I fully understand its terms.**

**I understand that I am giving up substantial legal rights by signing it, and I sign it freely and voluntarily without any inducement.**

**I have also listed any significant ALLERGIES / HEALTH CONDITIONS on the registration form.**

Participant signature

Date

Parent or Legal Guardian signature

Date



**MEDIA POLICY**

I, the undersigned, acknowledge that **ADVENTUREACH** reserves the right to take photographs or video of my child while participating in ADVENTUREACH events. Photographs, images, and/or video taken of my child may be used in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those found on the ADVENTUREACH website.

If you do not want your child’s image used in our materials or highlight videos please inform the camp director in writing.

\_\_\_\_\_  
Parent or Legal Guardian signature

\_\_\_\_\_  
Date

**PARTICIPANT**

**ADVENTUREACH Training**

**PARTICIPANT’S CODE OF CONDUCT**

**REVIEW CAREFULLY BEFORE SIGNING**

- 1) Respect one another, the staff, the facilities, and the One who put it all here, by acting with honor and integrity in speech, thought, and action.
- 2) Safety first – always check your equipment. If anything seems broken or out of place ask an official or staff member for inspection before using it.
- 3) Always wear shoes and protective gear during battle scenarios.
- 4) Do not leave the grounds or enter unsupervised parts of the facility without approval of staff.
- 5) This event will be an alcohol free, smoke free, substance abuse free event.
- 6) If you have ANY health conditions we should know about or any important dietary restrictions, please note on the registration form.
- 7) Only approved ADVENTUREACH “Gear” is to be used. Participants are not to bring any kind of unapproved weapon to the event.
- 8) Texting & phone calls during free time only. Try to focus on the community you are in during the event.
- 9) Every participant is expected to embrace the entire event schedule, unless excused by event staff, or as noted under Disabilities and Limitations.
- 10) If you are injured or do not feel well, report at once to event staff.

Always Encouraging!

*If a participant does not maintain the ADVENTUREACH code of conduct, the participant may be dismissed from the event. Continuation in the program will be discussed with the parent or guardian. If a participant fails to conform to the ADVENTUREACH training code of conduct after being readmitted to the program, the participant will be permanently dismissed from the event and no refund will be applied.*

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

