

1314 Shocco Springs Rd.
Talladega, AL 35160
PH: 800.280.1105
PH: 256-761-1100
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Waiver & Release

Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) or facilitated by SSBCC staff off campus, may be asked to have a signed and witnessed or notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized. Only Pages 1 and 2 of this form must be presented at Event check-in.

Event Name: _____	Event Date: ____/____/____
Church/Organization Name: _____	City/State: _____ Phone _____
Name: _____	Age _____ Sex: Male/Female
Address: _____	Birth date: ____/____/____
City: _____	State: _____ Zip: _____
Parent/Guardian: _____	
Home Phone: (____) _____	Work Phone: (____) _____ Cell Phone: (____) _____
Email address: _____	

By signing this form, I agree to the following:

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue SSBCC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify SSBCC and the Church/Organization for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk. I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities. (See Page 3 for SSBCC Recreation Activities Descriptions)

Medical Emergency. In the event of injury or a medical emergency, I understand that the group's leader, not SSBCC, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC events.

SSBCC's guest medical supplement will assist within current/prescribed **limitations** in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, SSBCC's guest medical supplement will also assist within current/prescribed **limitations**.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent. I know that media will be used to capture comments, interviews, pictures and video of SSBCC activities in which I will participate. By signing this form, I give my consent and permission for the taking of photographs, recordings, statements, and/or video of me (and/or my child) during and regarding SSBCC activities. I hereby grant to SSBCC the right to edit, use, and reuse these materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials. I also hereby release SSBCC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check which applies:

Parent/Guardian (for attendee under 19 years of age) Attendee (19 years of age and over)

Signature: _____ Date: _____

Relationship to Attendee _____ Contact #: _____

Witness (required if not notarized)

I witnessed _____ sign the above Waiver and Release on
Attendee, Parent or Guardian

_____ *Date*

_____ *(Witness) Signature*

_____ *(Witness) Print Name*

_____ *(Witness) Address* _____ *City* _____ *State* _____ *Zip Code*

OR

Notary Information (optional)

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The state of _____

The county of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this

_____ day of _____, A.D. _____.

_____ My commission expires _____

Notary Public