

# UNITE 2018 PARTICIPANT FORM – JULY 11<sup>th</sup>-JULY 14<sup>th</sup>

**Note: All UNITE 2018 participants (students and chaperones)** must have 1 completed participant form and have it **notarized** to be eligible to participate in the Unite 2018. Students under 18 years of age must have the signature of a parent. **ALL SELECTIONS MUST BE COMPLETE FOR ELIGIBILITY. Return this form to your group leaders as soon as possible.**

**Student Ministers/Group Leaders:** Bring **ONE notarized copy** of this document to registration and keep a **photocopy** for yourself to have with you in case of emergency at Unite. In addition, **Attach a photocopy of insurance card.**

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade completed \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Church \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency notify: Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Phone Numbers – Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

### Medical Profile

Generally, the participant's health is: (Check one)  Excellent  Good  Fair  Poor

If **Fair** or **Poor**, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are CURRENTLY being treated: \_\_\_\_\_

List any medicines or substances to which you are ALLERGIC: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medication you are CURRENTLY taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Date of **Tetanus Immunization** \_\_\_/\_\_\_/\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone Number: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Subscriber Occupation: \_\_\_\_\_

### Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Unite, its Officers and Directors, all of its agents, employees of the Shelby Baptist Association, the venues we are located at throughout the week, and the camp or event sponsors ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

**Assumption of Risk** – I am aware of the risks associated with participation in the above event 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.

**Understanding** – I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, 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 portions 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/arbitration organization for binding resolution.

**Copy to Camp Venue** – It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of the same shall be provide to camp venue.

----Please complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature) ----

Participant's signature (only if 18 years of age or older): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Notary Acknowledgement:** State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_  
before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who  
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and  
acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon  
behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the forgoing paragraph is true and correct.

Witness my hand and official seal.

Notary signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_