

**Camp Copass
Ropes Course (persons age 8 & up only)**

Agreement to Participate; Assumption of Risk and Release of Liability

PLEASE READ BEFORE SIGNING.

Whereas, THE UNDERSIGNED, _____, ("the PARTICIPANT") wishes to participate in a ropes course experience organized and conducted by a certified ropes course facilitator employed by Camp Copass of Denton, Texas; and in consideration of CAMP COPASS's action in allowing the participant to take part in such a program.

The undersigned acknowledges that during the said ropes course experience the participant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to, travel to and from the CAMP COPASS facilities, the hazards of walking over uneven camp terrain, depending on other people and being at various heights (ground to 50'), accident, and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this ropes course experience or other type of activities, whether conducted outdoors or inside an CAMP COPASS facility. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature, including temperature extremes and inclement weather. I further understand that medical treatment is a minimum of ten miles away in the city of Denton, Texas in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this ropes experience. I have listed on the health and registration form any medical condition that CAMP COPASS should be aware of which may hinder my participation in the ropes course experience.

In consideration of, and as part payment for the right to participate in such an experience and the services and food arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the trip which are not specifically foreseeable, and will hold them 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 or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue CAMP COPASS, and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against CAMP COPASS. I also state that I am not under, and will not be under the influences of any chemical substance, including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this CAMP COPASS program is entirely VOLUNTARY. I enter into this experience and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

FOR MINORS: As parent or guardian of _____, the undersigned, I hereby state that I have read, I understand, and I willingly grant my permission for _____ to participate in the ropes course experience at CAMP COPASS of Denton, Texas. I agree to all of the terms stated above in their entirety.

Parent/Guardian Signature (for participants under age 18)

Name of Participant (please print)

Name of Church/Group participating

Date of Event

Signature of Participant/Date

Signature of Witness/ Date

**SUMMER CAMP
CAMPER CHECK-OUT/CHECK-IN
AUTHORIZATION FORM**



I understand that Camp Copass encourages campers to experience the entire camp week with their group, beginning to end. However, circumstances necessitate my son/daughter leaving camp when specified below, rather than him/her participating in all scheduled camp sessions/activities or traveling from camp with his/her church group.

Camper Name (first & last): _____

Church Name & City: _____

Check-Out Details (day, date & time):

Check-In Details if camper is returning (day, date & time):

Adult Authorized to Pick up Camper

- He/She must be 21 years of age or older.
- Boyfriends/girlfriends (no matter their age) are not permitted to pick up any camper.

Name: _____

Relationship to Camper: _____

Driver's License # & State of Issue: _____

NOTE: The authorized adult must present his/her driver's license before camper will be released.

I understand that once my child leaves the Camp Copass campus with the adult I have authorized to pick him/her up, I assume all liability for his/her safety. I also understand that Camp Copass will not allow anyone under 21 years of age to pick up my child.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Cell Phone Number

Date

Lakeside Baptist Church Children's Ministry
BEHAVIOR WAIVER

I, _____ (print parent or guardian name), take total responsibility for my student, _____ (print child name), during the week of July 8-12, 2019 at Camp Copass in Denton, Texas.

In the event of any personal or property damage done by my child, I understand that I am completely, morally, and financially responsible.

This includes:

- Negligent or intentional physical harm or injury inflicted to another individual by my child.
- Property or intentional damage to any and all objects done by my child.
- Transportation expense home for my child due to early dismissal from said event for use or possession of alcohol, cigarettes, cigars, any tobacco, pornographic materials, all "R" rates or occult related music and any medications, drugs, and inhalants not approved at check-in.
- Transportation home for my child due to their inability to gain personal control over any action that may cause injury to oneself or another.
- Transportation expense home for my child due to their causing excessive and persistent disruption to the entire group.
- Excessive tardiness and not being at the appropriate places in a reasonable time frame.

All dismissal decisions are at the discretion of the Associate Pastor. In the event that damage is caused by more than one child, equal responsibility is taken by all involved. When responsibility for damage is not claimed, all those closely related will share in responsibility and expense (example: room damage unaccounted for = all room members share responsibility). All final decisions are the responsibility of the Associate Pastor after discussion with all volunteer adults involved.

It is not our desire to ever send a child home and we will do all we can to work with you, the parent, in impacting your child positively. When any serious problem arises you will receive a phone call so that the matter can be discussed and the proper action taken.

Signatures: _____ Parent or Guardian

_____ Child

_____ Date

**Release Of Liability
Permission And Medical Release**

I hereby give permission for my son/daughter, _____, to accompany and participate in all events and activities with Lakeside Baptist Children's Ministry of 1291 Old Kaufman Road, Canton, Texas 75103 and agree on behalf of the above minor to all the terms and conditions of this agreement. I hereby certify that my child is physically able to engage in and participate in the activities planned. In the event of accident or injury to the above minor, I give my permission to Lakeside Baptist Church or to the employees, representatives or agents of Lakeside Baptist Church to arrange for all necessary medical treatment for which I shall be financially responsible. I understand that my family insurance is primary and that no other insurance is provided. This temporary authority will begin on June 1, 2019 and will remain in effect until terminated in writing by the undersigned or until December 31, 2019, whichever occurs first. Lakeside Baptist Church has the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in emergency situation;
- c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

I agree to pay in full for my child to be returned home for any behavior deemed necessary by the staff of Lakeside Baptist Church and this will be entirely at their discretion. By signing this Release of Liability, I represent that I have legal authority over and custody of

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

In case of an emergency, please call:

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Signature: _____ Date: _____

Name: _____
(Please print)

Address: _____
