



# FUGE Release Form

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 camp. **Attach a photocopy of insurance card.**

### Church Information:

FUGE Venue: Shalimar Retreat- Panama City Beach, FL Name of Church: First Baptist Church, Parsons, TN  
Group Leader: Keith Renfroe Group Leader's cell # at Camp: ( 731 ) 549-7634  
Church Address: 210 Tennessee Ave. South City: Parsons ST: TN ZIP: 38363

### Camper's Info:

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade Completed (campers only): \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
ST \_\_\_\_\_ ZIP \_\_\_\_\_ In case of an emergency notify: \_\_\_\_\_ Relationship to camper : \_\_\_\_\_  
Phone Numbers-Home:(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

### Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble  
Diabetes Dizziness Stomach Upset Hay Fever \_\_\_\_\_

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

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

List any medications you are currently taking: \_\_\_\_\_

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

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Employment: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### 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 or event 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 LifeWay Christian Resources of the Southern Baptist Convention, the FUGE Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("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 employment by or 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.

**Recreation-** The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, equestrian activities and aquatics, (not available at every FUGE venue). You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to [www.FUGE.com](http://www.FUGE.com) and follow the specific link to the camp venue's Group Leader Information.

**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 same shall be provided to camp venue.

Complete and sign below (*participants who are minors per your state statute require Parent/Legal Guardian signature*).

Participant's Signature (only if 18 yrs 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 foregoing paragraph is true and correct.

WITNESS my hand and official seal.

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