



## WAIVER & RELEASE FORM

Participant's Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Participant's Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Participant's Email Address \_\_\_\_\_  
Event Name (ex. camp, mission trip, etc.) \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
(H) Phone (\_\_\_\_\_) \_\_\_\_\_ (W) Phone (\_\_\_\_\_) \_\_\_\_\_ (C) Phone (\_\_\_\_\_) \_\_\_\_\_  
Parent/Guardian's Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
(H) Phone (\_\_\_\_\_) \_\_\_\_\_ (W) Phone (\_\_\_\_\_) \_\_\_\_\_ (C) Phone (\_\_\_\_\_) \_\_\_\_\_

### GENERAL RULES FOR EVENTS

All participants are expected to behave in a manner that best represents Thomas Road Baptist Church ("Thomas Road" or the "Church"). As such, certain items and/or activities will not be tolerated and any person caught in violation of these rules will be sent home at their own expense and will not be given a refund. These items and/or activities include, any illegal, immoral or other such behavior.

### MEDICAL INFORMATION

Is participant covered by personal/family medical insurance? Yes [ ] No [ ] If yes, please provide:  
Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name on Insurance Card \_\_\_\_\_ Participant's ID \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I agree it is my responsibility to notify Thomas Road in writing of any changes in medical information prior to any event, program, or activity.

List medical conditions (ex. asthma, diabetes, etc.) \_\_\_\_\_

List medication/supplement currently being taken including dosage, frequency, and any special instructions (Please provide all medications in the original prescription or over-the-counter container with his/her name clearly written on it) \_\_\_\_\_

List allergies \_\_\_\_\_

### PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT: THIS FORM INCLUDES AN ASSUMPTION OF RISK, MEDICAL EXPENSE, AND RELEASE OF LIABILITY RELEASE OF LIABILITY:

I understand that Thomas Road Outpost (hereinafter the "Camp") is a short-term trip and that my child's participation is voluntary and not essential to completion of requirements of any camp, school, or government agency. I have fully read and agree to the policies and information that pertain to the Camp. I understand that the Camp is conducted by Thomas Road Baptist Church. I further understand and agree that my child's participation in the Camp and other activities of the Camp necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather-related injuries, playing area and equipment defects, and negligence. On behalf of me, my child, and my family, I **voluntarily assume full responsibility for these risks.**

In consideration of the privilege of my child's participation in the Camp, I, the undersigned Parent/Guardian of the child named on this document, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue Thomas Road Baptist Church (TRBC), Liberty University (LU), or any of their directors, officers, agents, representatives, employees, volunteer workers, and all other persons associated with the Camp (including but not limited to any other participating churches, sponsors, parents, vendors, officials, drivers, and organizations) as to any and all claims that my child, me or other family member, for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Camp, travel to and from the Camp, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Camp activities, and excepting claims that may not be release under applicable law.

This **Release of Liability** shall be broadly construed as allowed by law to include all claims and rights that the child, that I as a parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

**MEDICAL WAIVER AND CONSENT:** If my child should require medical attention while participating at the Camp, I acknowledge that I am responsible for all financial obligations related to my child's medical care and that I will not hold TRBC or LU liable for such expenses.

I also understand that participation in the Camp may involve strenuous and prolonged physical activity. I agree that my child must be healthy and physically able to participate in the Camp activities. I understand that TRBC or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If TRBC determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Camp activities, TRBC may determinate that my child cannot be permitted to participate. I understand and agree that, while TRBC desires that all individuals be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

I understand that there may be occasions where my child may be in need of first aid or emergency medical treatment while at Camp or participating in a Camp activity as a result of an accident, illness, or other health condition or injury and I understand that every effort will be made to contact me. I do hereby give permission to TRBC and any of its employees, volunteers, agents, or representatives to seek and secure any needed medical attention or treatment for my child including hospitalization if in TRBC's opinion such need arises. In the event of an emergency, I hereby appoint the adult bearer of this document to act in loco parentis as provided by the Virginia Code 54.1-2969, to give consent for any X-ray examination; medical, dental, or surgical diagnosis; emergency medical or surgical treatment; and hospital care for my child by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state were services are rendered, either at a doctor's office or in any hospital. I am responsible for payment of any medial charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

**PHOTO RELEASE:** I, on behalf of me and my child, hereby grant to Thomas Road Baptist Church the exclusive right to use any photograph(s) ("Photo") or video(s) taken of them or their child at the Camp, a ministry of TRBC, for inclusion in TRBC promotional media. I grant TRBC the exclusive right, license and privilege to utilize the names, characters, and artist's portrayal of characters, likeness, and visual representations in the Photo in connection with the manufacture, advertising, distribution and sale of any promotional materials relating to TRBC. Such granted rights include the unconditional and exclusive right throughout the world to use, simulate and portray my and/or my child's likeness, voice, personality, personal identification and personal experiences, incidents, situations and events which heretofore occurred or hereafter occur (in whole or in part) in any and all other media of any nature whatsoever, whether now known or hereafter devised. I understand and agree that TRBC may elect to refrain from using my and/or my child's real name and may use a pseudonym. This agreement shall be construed according to the laws of the Commonwealth of Virginia applicable to agreements, which are executed and fully performed within said State. This agreement contains the entire understanding of the parties relating to the subject matter, and this agreement cannot be changed except by written agreement executed by the party to be bound.

My signature below indicates that all information provided in this form is true and accurate to the best of my knowledge, and that I fully agree to all statement made, including but not limited to the Release of Liability, Medical Waiver and Consent, and Photo Release. Each responsible parent/guardian should sign.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_