



Activity Participation Agreement

(Please complete and sign both sides for each participant)

Activity Information (To be completed by the Activity sponsor)

Name of sponsoring organization ("Sponsor"): Salem Presbytery

Address: 3950 Clemmons Road/P.O. Box 1763, Clemmons, NC 27292

Telephone: 336-766-3393, 126

Name of Sponsor's coordinator: Taylor Barner

Telephone: David Smithey 336-984-8842

Description of Activity: Middle School/High School Retreat 2019

Date(s) and location of Activity: March 30-31, 2019 at Merriwood Christian Camp

Participant Information (To be completed by Participant or authorized parent/guardian)

Name of parents/guardians: _____

Telephone: _____

Name of emergency contact: _____

Telephone (Day): _____ Telephone (Evening): _____

Is Sponsor authorized to approve medical treatment? _____ Yes _____ No

Is Participant covered by personal/family medical insurance? _____ Yes _____ No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I hereby give Salem Presbytery, its affiliated institutions, entities and its ecumenical partners permission to make and use photographs, video and/or audio recordings of my photographs, recordings, image, voice and any quotes for any and all purposes of Salem Presbytery, its affiliated institutions, related entities and its ecumenical partners, including use on their web page, cable and broadcast use without re-submission to me for approval. I understand that third parties accessing the web page can download this material, and I release Salem Presbytery, its affiliated institutions, related entities and its ecumenical partners from any liability to me, my heirs or assigns in connection with or arising out of such downloading by third parties. By my signature, I hereby certify that this Consent and Release is fully understood by me and is entirely satisfactory.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or ALL parents/guardians if Participant is a minor)



9640 Center Grove Church Rd.
Clemmons, NC 27012-9165

Molding Christian Character

Summer Youth Camp • Retreats • Quality Programming
Team Building • Climbing Wall • High Ropes Course

MEDICAL RELEASE FORM

Attendee Name _____
Address _____
City/State/Zip _____
Age _____ Grade _____ If a minor, list Parent/Guardian Name(s): _____
Cell Phone _____ Second Phone # _____
Church/Group Attending with _____ Coordinator Name _____

Each attendee must be immunized against the following according to the H.E.W. standards: Polio, Mumps, Measles, Rubella, Diphtheria, Tetanus, and Whooping Cough. Check here if immunized: Yes No

Date of Last Tetanus Shot _____

Any medications that will be taken while at Merriwood _____

Reasons for taking medications _____

Any life-threatening allergy that requires an epi-pen? Yes No

If YES, list life-threatening allergy, reaction, and treatment: _____

Any other NON-life-threatening allergies? _____

Any dietary restrictions (gluten, lactose, vegan, diabetic, etc.) _____

Any physical or mental limitations we need to be aware of (learning disabilities, medical or behavioral concerns)? _____

Specific Activities to be restricted _____

Reason for restriction _____

MEDICAL WAIVER

I hereby grant permission for _____, a minor, (or _____/self) to attend Merriwood Christian Camp ("MCC"). I, _____, hereby affirm and agree that I am the parent or legal guardian of Minor (or self); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of attending MCC prior to signing this release. I agree, individually and on behalf of Minor, to release and hold harmless Salem Baptist Church ("SBC"), MCC, its agents, officers, directors, employees and volunteers (collectively referred to as the "Church") from any and all liability as a result of any and all injuries, death, damages, or losses including personal property sustained by Minor while participating in MCC. I further agree to hold the Church harmless and to bear the cost of their legal defense if any suit of legal or equitable action is brought against any of them as a result of any and all injuries, death, damages, or losses including personal property suffered by Minor while at MCC; or any injury, death, damage or loss including personal property resulting from negligence or lack of care due to the conduct of the Church. In the event Minor is injured while at MCC and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify and hold the Church harmless from any liability sustained as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment. I understand that, if at all possible, parent(s) and/or guardian(s) will be notified of medical treatment beforehand. I affirm that the medical information on this form is both complete and correct.

(Parent or Guardian must sign for Minors)

Revised 12/19/16

(copy as necessary)

Signature _____

Date ____/____/____

E-mail us: office@campmerriwood.net

View us: www.campmerriwood.net



Call us: 336-766-5151

Fax us: 336-766-9799