



Church on the Rock >> Uprising Youth Camp >> **June 23-June 26 2019**

Camper's First & Last Name

(Parent/ Legal Guardian) First & Last Name

Relationship

Day Phone

Evening Phone

I hereby release my student, \_\_\_\_\_, to participate in Church On The Rock's Uprising Youth Camp 2019. Signature on this form signifies that I have read, understand, and agree to abide by this information. When my student is playing or participating in the above event, I understand that it may be a potentially dangerous activity involving risk of injury. I understand that in any activity a participant can be seriously hurt. I am aware that the dangers for my student participating in the above event include, but are not limited to, falls, contact or collisions with other participants, equipment, facilities in pool, basketball, human foosball, sport activities, dodgeball, volleyball, laser tag, obstacle course, rock climbing wall, balloon stomp, bowling, and sand volleyball. I understand that my student may incur serious injury, including paralysis or death, as a result of the dangers and risks associated with the above event. By signing below, I certify that my student, and family members will assume such risks, and further, to waive, release, discharge, and hold harmless Church On The Rock World Outreach Center and the workers, employees, volunteers, and directors from any and all liability, actions, cause of actions, claims or demands of personal injury, death, or property damage of any kind or nature, and other claims whatsoever arising out of, or in any way connected with my student participating in the above event. This release and waiver extends to all claims of any kind or nature whatsoever, foreseen, or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release, and waiver for me, my student, my family, and our heirs, executor, guardians, or anyone else who might assert a claim on my student's behalf. I do hereby give consent to the director and staff working at the event to provide emergency first aid treatment for my student, according to their best judgment, in the event my student may suffer an injury or illness while participating in the event or on the event's premise.

List of **Possible Activities** students may engage in during camp:

- Travel to and participate at Six Flags
- Travel to and participate at St. Peters Rec Plex for swimming & basketball & ice skating
- Travel & participate at Rockin Jump in Ofallon, MO
- Travel to and participate Urban Air Adventure Park in Cottleville
- Travel to and participate at Bowlero in St. Peters.
- Travel to and participate at Marcus Theatre in Dardenne Prairie

I do hereby grant permission to COTR/UPRISING YOUTH to photograph and to publish the photographs of me and/or my student on the COTR/UPRISING YOUTH website and in related COTR/UPRISING YOUTH promotional brochures and videos for the purpose of promoting COTR/UPRISING YOUTH. I hereby waive all rights of privacy and/or compensation for me or my student, which I, or he/she, may have in connection with the use of my, or his/her, photograph or likeness, or any or all of them, in or in connection with said web sites, still photography, or film and any use to which the same or any material therein may be put, applied or adapted by COTR/UPRISING YOUTH in connection with the promotion of COTR/UPRISING YOUTH. I, for myself and my student and our respective heirs, administrators, successors and assigns hereby release COTR/UPRISING YOUTH from and against any and all claims, liabilities or damages arising out of, or in connection with, the use of my, or my student's photograph or likeness, or any or all of them, by COTR/UPRISING YOUTH for its ministry promotion activities.

By signing below, I have read and agree to the above terms and conditions,

**BY SIGNING BELOW, I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS,**

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_