APPALACHIAN CHRISTIAN CAMP

Participant Agreement & Liability Release

Adult Participant and/or Parent/Guardian _____

Adult Participant _____

Participating Child _____ Age _____

Participating Child _____ Age _____

Participating Child _____ Age _____

(list more children on the back if needed)

Address _____

City, State, Zip _____

Cell Phone (_____) _____ Email _____

Permission Statement & Liability Waiver - for all names listed on this form:

I give my permission to **Appalachian Christian Camp (CampACC)** for: 1st Aid treatment to be administered by the First Aid Attendant and medical treatment to be administered in such case as deemed necessary by a trained medical professional. I accept and assume all risks associated with all recreation activities, including but not limited to swimming, climbing on the indoor rock-climbing wall, archery, zip-lining, and participating in high and low challenge course activities. I understand and agree that: I must comply with all set procedures for all **CampACC** programs & activities; sleeping quarters and restrooms will be separated according to traditional, biological sex; **CampACC** provides secondary insurance for any injuries that occur during camp activities and my insurance will be primary. I release all photos, videos, and audio recordings of myself to **CampACC** for promotional purposes. This release discharges **CampACC** from any liability or claim, and holds **CampACC** harmless, that I, my heirs, or any personal representatives may have against **CampACC** with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation in activities or events. In the event that I file a lawsuit, I agree to do so in the state of Tennessee, and I further agree that the substantive law of Tennessee shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This liability waiver and release extends to **CampACC** together with all leaders, staff, volunteers, and board members. I certify the information on this form to be true.

_____
Signature of Adult Participant   **Date**

_____
Signature of Adult Participant   **Date**

_____
Signature of Parent/Guardian if Participant is a Minor   **Date**