

FOR OFFICE USE ONLY

Code: _____

Team: BRN AQU BLU
ORG YLW GRN



WE ARE HELPING PEOPLE KNOW CHRIST THROUGH HIS WORD
WWW.STUDENTLIFE.COM

Waiver & Release

All participants in Student Life Events must have a signed and notarized Waiver & Release Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian. This form cannot be faxed or mailed to the Student Life office. It must be brought to registration.

Name of Church: _____ City/State: _____

Name: _____ Birthdate: ____/____/____ Age: _____ Sex: Male Female
Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Home Phone: (____) _____

Work/Cell Phone: (____) _____ Email: _____

Camp Location (herein after "camp location"): _____

Event attending:

- Student Life Camp Student Life Mission Camp Student Life @ Events
 Student Life For Kids Camp Student Staffer (Volunteer)

Please check which one best describes the attendee (more than one may apply):

- Student Family Group Leader Student Leader
 Adult Youth/Children's Minister

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Student Life, Inc., and camp location (including colleges, universities and conference centers), its directors, employees, agents, volunteers, and affiliates ("Student Life" and "camp location") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless Student Life and camp location for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

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.

Medical Emergency. In the event of injury or a medical emergency, I understand that the church's group leader, not Student Life and camp location, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Student Life and camp location from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Student Life and camp location events.

Missions Authorization Addendum – I acknowledge that during my (or my child's) participation in Mission Camp or as a Student Staffer volunteer that certain risks do exist. These include, but are not limited to, the hazards of being in a construction type setting, travel by automobile, the risks involved in leading recreation games and those existing because of consent of these programs. In

consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in these programs.

Student Life @ Events Authorization Addendum (Student Life @ Daytona, @ Orange Beach) – I acknowledge that during my (or my child's) participation in Student Life @ Events that certain risks do exist. These include, but are not limited to, the hazards of public beaches (where applicable), travel by automobile or shuttle service, public condos and hotels, recreation activities and swimming in the ocean (where applicable). In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in this program.

Camp Location Recreation Addendum - The recreation programs at summer event locations 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. They have done everything possible to mitigate any risks involved in their recreation programs. 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 and aquatics. 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.studentlifecamp.com and follow the specific location Recreation Program link.

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 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/mediation organization for binding resolution.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Student Life and camp location. Student Life and camp location, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Copy to Camp Location. 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 location.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies:

Parent/Guardian Attendee 19 years of age and older

Signature: _____

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Your Name: _____

Relationship to Attendee: _____

Contact Number: _____

Notary Information

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____
A.D. _____

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____



STUDENT LIFE 2011
DEVOTED
DEUTERONOMY 6:5

Student Checklist

STUFF TO BRING

NOTE: Each condo and hotel provides linens and towels.

- A fantastic attitude and a desire to draw near to God
- Bible, pen, notebook, etc.
- Casual clothing for three days (Shorts that meet our standards and pants are acceptable for all meetings, including worship).
- Free time beach attire for five days
- Beach Towel
- Personal hygiene items
- Spending money for snacks, t-shirts, CDs, etc.
- Watch
- Sunscreen and Sunglasses

STUFF NOT TO BRING

- We prefer to keep a distraction-free environment. Please check with your group leader for guidelines related to what you can and cannot bring.
- Spaghetti strap tops, halter tops, tube tops or tank tops
- Tight clothing
- "Short" shorts or skirts (Stand with your arms by your side. If your fingertips are touching skin, your shorts or skirt should be longer for camp.)
- Bikinis or two piece bathing suits (Unless covered with a dark t-shirt)
- Speedos
- Tobacco, drugs, alcohol or weapons
- Fireworks
- Water balloons
- Clothing with questionable sayings, slogans, etc.
- Clothing that promotes alcohol, cigarettes or any other inappropriate items
- Skateboards, roller skates or roller blades



STUDENT LIFE 2011
DEVOTED
 DEUTERONOMY 6:5

Student Life @ Orange Beach Daily Schedule

*Means of Transportation is necessary throughout the week and Meals are the responsibility of the group leader.**

FIRST DAY

2:00 – 4:00 PM	Registration with Student Life
5:00 PM	Dinner (on your own)
7:00 PM	Youth Ministers' Meeting
7:30 PM	Worship Gathering
To Follow:	Church Group Time
10:00 PM – 8:00 AM	Quiet Hours
11:00 PM	Lights Out

DAYS 2 - 4

7:30 AM	Breakfast (on your own)
9:00 AM	Family Group Leadership Meeting
9:30 AM	Celebration
11:00 – 1:00 PM	Family Group Bible Study / Lunch (on your own)
1:00 – 6:00 PM	Free Time / Dinner (on your own)
6:30 PM	Youth Ministers' Meeting
7:00 PM	Worship Gathering
To Follow:	
Night 2	Church Group Time
Night 3	SLNation / Church Group Time
Night 4	Church Group Time
10:00 PM – 8:00 PM	Quiet Hours
11:00 PM	Lights Out

LAST DAY

	Breakfast (on your own)
	Family Group Bible Study
8:00 AM	Check out of rooms

**Canopy Roads Baptist Church
925 Bannerman Road
Tallahassee, FL 32312**

Medical Information and Release Form

Student's Name _____ Age _____ DOB _____

Address _____ City/St/Zip _____

Parent/Guardian _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Provider _____ Policy # _____

Are immunizations current? (Especially tetanus) _____

Past Medical History (Check appropriate information):

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Heart Trouble

___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever

-----Other (Please explain) _____

Allergies: (Please list specific allergy and treatment necessary)

Food _____

Penicillin or other drug (name) _____

Insect Stings/bites _____

Other _____

Previous surgeries or serious illnesses: _____

Childhood Diseases: ___ Chicken Pox ___ Measles ___ Mumps

___ Other (Please explain) _____

Special Diet: _____

Any current medications student is taking (list) _____

My permission is granted for Canopy Roads Staff and Parents-in-charge to obtain necessary medical attention in

case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all Canopy Roads Staff, employees, and parents from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Youth events. I assume full financial responsibility for and agree to pay all expenses relating to medical treatment. I further understand that by present Florida law: if the participant is riding in a church vehicle which is involved in an accident, he/she will be primarily covered by bodily injury under our family automobile policy.

I understand and will allow photos and videos of my child to be taken while at this event to be used in any Canopy Roads Baptist Church medium. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

I further agree that if my son or daughter creates a disciplinary problem necessitating early return from an event, I will be responsible for all related costs.

Parent Signature _____

Date

Notary:

On this the _____ day of _____, 20____

Personally appeared before me _____, personally known by me, or has produced Florida identification

_____ and in my presence executed the foregoing information and release form. Witness my hand and official seal this

_____ day of _____, 20____.

Notary Public Signature _____

SEAL

This release will expire one year from the date signed.