



Program Participation Agreement for Waymark

Participant Full Name (print): _____

Phone #: _____

Waiver and Hold Harmless Agreement

In consideration of the Participant being allowed by Kids Cubed, Inc. dba Waymark to participate in and/or attend Royal Family KIDS Camp as well as any and all activities associated with Waymark, I hereby agree to waive any and all claims, release, discharge, hold harmless, indemnify, defend, and covenant not to sue, for myself, my heirs, executors, administrators, and assigns Waymark, its' officers, directors, employees, agents, volunteers, and members from and against any and all claims or demands due to or arising from bodily injury, personal injury, illness or death, as well as any and all property damages sustained of any nature which might be incurred by me and/or the Participant while participating in said activities. By signing below, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. The Participant (or parent/guardian) accepts personal financial responsibility for any medical expenses, bodily injury, personal injury, and property damages sustained during on in any way connected with or related to the activities.

Signature: _____

Print Name: _____

Relationship to Participant if not Participant: _____

Date: _____

(IF PARTICIPANT IS YOUNGER THAN 18 YEARS OLD, THE LEGAL GUARDIAN MUST SIGN, AND BY SIGNING, AFFIRMATIVELY REPRESENTS THAT HE/SHE IS THE LAWFUL GUARDIAN OF PARTICIPANT WITH THE LEGAL RIGHT TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT)

Only authorized legal guardians may sign. If participant is in DFCS custody, DFCS caseworker must sign.

CAMP ROCKRIDGE
RELEASE FORM

Organization Information:

Date: _____ Name of Organization: Waymark/Royal Family KIDS Camp
Group Leader: Tasha Whitener Group Leader's cell#: (404) 819-8624
Org. Address: 2500 Dallas Highway, Suite 202, #480 City: Marietta State: GA ZIP: 30064

Camper's Information:

Camper's Name _____ Age _____
Date of Birth: ___/___/___ Grade Completed (Campers only): _____
Address: _____ City: _____ State: _____
ZIP: _____
In case of an emergency notify: _____
Relationship to Camper: _____
Phone Numbers: Home: (____) _____ Work: (____) _____
Mobile: (____) _____ Other: (____) _____

Permission, Acknowledgements, Release, Indemnity

I the undersigned, if Camper is a minor, I the undersigned Parent/Guardian) hereby:

- A. Permission For Medical Treatment:** Grant my permission for any camp staffer, church staffer or counselor, director, or adult present in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Camper, including transporting Camper to a medical facility and sharing the above information with the medical personnel, and further hereby give permission for medical personnel to administer medical care to Camper, as necessary.
- B. Activities Acknowledgement and Permission:** I Acknowledge and give permission for Camper to be involved in 1) activities including but not limited to archery, archery tag, kayaking, low ropes, boating, canoeing, swimming, and hayrides 2) The Camper assumes all the risks involved in the aforementioned activities, 3) it is the sole responsibility of each person who participates in said activities under the supervision of a camp staffer, counselor, and/or other adult(s) by participating in the activity, the Camper acknowledges he or she understands the rules and guidelines and will comply with all the rules and regulations.
- C. Release and Indemnify:** Acknowledge and agree that I release and forever hold harmless Rockridge Baptist Assembly (a/k/a Camp Rockridge), the venue, church, event sponsors as well as their members, trustees, directors, officers, employees, agents, and affiliates (collectively, the "released Parties") from any and all claims or demands for personal injury, sickness, virus (COVID-19) and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in the events and/or while on camp property. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions of me or my minor child.
- D. Understanding:** Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases 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, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original.

Complete and sign below (Campers who are minors per state laws require Parent/Legal Guardian signature)

Camper's Signature (Only ages 13 and up): _____
Date: ___/___/___
Parent/Guardian Signature: _____ Phone: (____) _____
Date: ___/___/___

WITNESS: _____ **Relationship to Camper/Guardian:** _____

Print Name: _____