

## Nelnd Avenue Christian Reformed Church and Tall Turf Ministries Release of Liability, Waiver, Indemnification and Consent to Medical Attention

Camper Name \_\_\_\_\_ Male/Female (circle one) Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Age at camp \_\_\_\_\_ Grade (Fall '18) \_\_\_\_\_

Race/Ethnicity (*optional*)  White  Black/African American  Hispanic/Latino  Asian/Pacific Islander

First People/Native American  Other: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If you are unable to pick your child up, please give the names of two adults who have permission to do so:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical conditions that we should be aware of? If so, please explain:

---

---

I understand that all overnight, day activities and recreational programs carry with them significant risks. Although, Nelnd Avenue CRC has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my being allowed to participate in day or evening activity or programs actively sponsored by Nelnd Avenue CRC, I and if I am not yet 18 years old, my parents or legal guardians individually and collectively referred to below in the first person singular, agree to be bound by each of the following.

1. Voluntary Participation. I understand and confirm that my participation in this program is voluntary.
2. Identification of risks. I understand that there are certain dangers, hazards, and risks inherent in day, night and recreational activities. More specifically, there are certain dangers, hazard and risks inherent in certain activities conducted during the program, including but not limited to swimming, woodworking, participating in games, eating and other activities regularly planned in this program. I may voluntarily participate in some or all of these activities. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that my child's participation in the program/retreat may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known to Nelnd Church and not reasonably foreseeable at this time. I understand that this Release of Liability, Waiver, Indemnification and Consent is intended to address all of the risks of any kind associated with my participation in any aspect of the Program, including particularly, such risks created by actions, inactions, or negligence on the part of Nelnd Church's directors, officers, employees, agents, volunteers, successors or assigns, including, but not limited to, risks created by the following: (a) my physical, emotional and psychological limitations and /or discomfort; (b) the physical, emotional and psychological limitations and or discomfort of others; (c) the use and/or condition of premises on which

various events occur; (d) the lack of/or inadequacy of policies, rules or regulations with respect to the program; (e) the failure of Neland or its representatives to foresee or protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons: (f) the inadequacy or unavailability of medical facilities, treatment, and/or professionals or (g) the lack or inadequacy of supervision by Neland Ave and its Representatives.

3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in Neland programs, including recreational activities. I accept personal responsibility for any liability, personal injury or economic or non economic damages or loss in any way connected with my participation in the program. I represent to Neland Ave CRC that I have health insurance that is adequate to cover treatment for any personal injuries I may sustain as a result of my participation in the program including recreational activities.
4. Release of waiver. I release Neland Avenue CRC and its representatives to the fullest extent permitted by applicable law from any and all liability for, and waive any and all claims for, personal injury or economic or noneconomic damages or loss, including attorney's fees, in any way connected with my participation in the program. This release does not apply to reckless or intentional misconduct of Neland Ave CRC or any of its Representatives. I am aware of MCL 700.5109 , which authorizes organizations such and Neland Ave CRC to obtain releases covering a minors' participation in a recreational activity and I agree that this release is authorized by that statute.
5. Binding Effect. This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin or assigns and shall inure to the benefit of Neland Avenue, The Program and their respective directors, officers, employees, agents, volunteers, successors, and assigns.
6. Consent to Medical Treatment. I authorize Neland Avenue CRC and its agents if present to provide to me, through medical personnel of their choice, customary medical assistance, transportation and emergency medical services should I require, such assistance, transportation , or services as a result of injury or damage related to my participation in the Program. This consent does not impose a duty upon Neland Ave CRC or representatives to provide such assistance, transportation or services.
7. Media, All video and/or photography may be used for promotional material. If you would prefer that your child not appear in Neland promotional material, please note that with your signature.

I assume all risks, known and unknown, foreseeable and unforeseen in any way connected with transportation that is provided for my child.

**This is a release of liability and waiver. I have read this release of liability, waiver indemnification and consent. I understand that I am giving up substantial rights by signing it. I am signing this release of liability, waiver, and indemnification and consent voluntarily. In exchange for my child or ward being allowed to participate in the program, and as the parent or legal guardian of the individual, I verify that I fully understand, agree to and accept all provisions of this release of liability, waiver, indemnification and consent.**

Date: \_\_\_\_\_

Parent or Legal Guardian

Signature \_\_\_\_\_

Neland Avenue Christian Reformed , 940 Neland Avenue, Grand Rapids, Michigan, 49507 616-245-0669