

# Liability and Medical Release Form

Mountain Christian Church | Fall Retreat

In an effort to create the safest environment possible for participants, a completed Liability and Medical Release form is required for everyone attending. **A parent or guardian must sign for everyone under 18.**

**PRINT AND FILL OUT THE FOLLOWING FORM AND TURN IT INTO YOUR TRIP LEADER.  
THEY WILL TURN IT INTO MOUNTAIN CHRISTIAN CHURCH UPON CHECK IN AT THE EVENT.**

## Liability and Medical Release Agreement

*Please indicate whether you agree: I release Mountain Christian Church and any other parties acting on behalf of the church from liability in the event of an accident. I understand that Mountain Christian Church seeks to meet all COVID-19 CDC guidelines and provide safe and healthy environments for all students, volunteers, and staff. I acknowledge that participation in Fall Retreat with Mountain Students involves risk to the participant (and to the participant's parents, guardians, and family members), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, and personal injury. In consideration for the opportunity to participate in Fall Retreat, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the event. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during Fall Retreat or during transportation to and from the event, as well as for any medical treatment rendered to the participant that is authorized by the church staff or volunteers. By signing below, I agree to the above terms and conditions for my group.*

NAME OF PARTICIPANT:

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NAME OF PARENT OR GUARDIAN (IF PARTICIPANT IS UNDER 18):

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NAME OF CHURCH/ORGANIZATION:

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SANDY HILL LLC INFORMED CONSENT AGREEMENT FOR MINORS

Carefully read the following sections and provide the information below in the indicated spaces.

I (AS A PARENT, CUSTODIAL PARENT, OR GUARDIAN OF THE CHILD NAMED BELOW) UNDERSTAND THAT:

The program that my child is attending will include both indoor and outdoor physical activities. Some of the activities may be similar to rock climbing and involve the use of harnesses, while others may include some lifting, stretching, and jumping. All activities are designed to be safe and engaging for a wide range of abilities. Each activity will be explained by program staff. My child may choose to limit his/her participation as he/she feels appropriate, and that choice will always be respected.

- ❖ Parts of this program can be physically demanding
- ❖ The potential for injury exists even though safety systems are provided
- ❖ It is always my or my child's responsibility to limit his/her participation in any way I or he/she deems appropriate
- ❖ It is important to disclose all medical conditions and all physical activity concerns on the back of this form
- ❖ My child cannot be under the influence of drugs or alcohol during the program, except for medication I have disclosed on the back of this paper

LIABILITY RELEASE

I understand that Sandy Hill takes reasonable precautions to insure that programs and activities at Sandy Hill are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and dangers and include, but are not limited to ropes course, zipline, climbing, water sports, land sports, weather conditions, plants, insects, falling trees and rugged terrain (collectively "Camp Activities"). I, the undersigned, recognize these risks and agree to assume these risks by allowing my child to attend and participate in these Camp Activities at Sandy Hill. I hereby release, indemnify and hold harmless Sandy Hill, LLC, Sandy Hill Holdings, LLC, their directors, officers, owners, agents, guests, and employees (collectively "Sandy Hill") from all liability for damage, injury, death or illness to my child or his/her property relating to or deriving from his/her presence at Sandy Hill or participation in Sandy Hill sponsored Camp Activities whether arising from an act or omission, negligent or otherwise, by Sandy Hill or otherwise to the fullest extent permitted by law.

PUBLICITY RELEASE

I give permission to Sandy Hill, without limitation or obligation, to make photographs, film footage, or tape recordings which may include my child's image, voice, or written comments for purposes of promoting Sandy Hill programs. This includes but is not limited to posting my child's image on an internet site. Sandy Hill will not post personally identifiable information such as my child's name with these photos. I release Sandy Hill from any claim or liability to these uses.

PERMISSION TO TREAT

The organization sponsoring the event ("the Group") is responsible for providing all necessary medical supplies, care, trained personnel and transportation for my child. In the event that my child is ill or injured, the emergency contact below is unavailable, and the Group is unable to provide the necessary care, I hereby give permission to the medical personnel selected by Sandy Hill to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child. I hereby give permission to the physician selected by Sandy Hill to secure and administer treatment, including hospitalization, for my child.

ARBITRATION

Any controversy or claim arising out of or relating to this agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. I, the undersigned, hereby agree to submit to arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. The place of the arbitration shall be the State of Maryland, and Maryland law shall apply. I further agree that I will faithfully observe this agreement and the rules, that I will abide by and perform any award rendered by the arbitrators, and that a judgment of any court having jurisdiction may be entered on the award. Arbitration shall be the sole and exclusive remedy of myself, my child and the Camp. Myself, my child and/or the Camp shall be responsible for its respective share of the arbitration fees in accordance with the applicable Rules of Arbitration. In the event either myself, my child or the Camp fails to proceed with arbitration, unsuccessfully challenges the arbitrator's award, or fails to comply with the arbitrator's award, the Camper or the Camp, as the case may be, is entitled to costs of suit, including a reasonable attorney's fee for having to compel arbitration or defend or enforce the award. The Camper and the Camp waive all rights to have the dispute litigated in a Court or jury trial, and all judicial rights to discovery and appeal. The Camp and the Camper shall not disclose the existence, content, or results of any arbitration hereunder.

\_\_\_\_\_  
Camper Name (print legibly)

\_\_\_\_\_  
Signature of Parent/Custodial Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

*In the event of an emergency, please contact:*

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

**IMPORTANT: PLEASE NOTE ANY MEDICATIONS OR MEDICAL OR PHYSICAL CONCERNS ON THE REVERSE SIDE OF THIS SHEET.**



## NORTHBAY GUEST HEALTH INFORMATION FORM

**Note to Guest: NorthBay wants the camp experience to be a safe and healthy one. However in the event of an accident or illness, it is important that we have the following information.**  
**Group Name:**

### Guest Information

Last Name:	First Name:	Middle:
Birth Date:	Sex: Male/Female	Cell Phone:
Email Address:		
Home Address:		Home Phone:
Emergency Contact:	Relationship:	Cell Phone:
Home Address:		Home Phone:
My Insurance Company:		Policy Number:
<input type="checkbox"/> <b>Not Currently Insured</b> —NorthBay reserves the right to subrogation if it is later determined that personal medical insurance was in place.		

### HEALTH HISTORY

List any major medical conditions:

List any allergies to medications:

### RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK

At NorthBay, health, safety, and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment, and purposeful sound programming. Guest safety and well-being is everyone’s concern. As a policy of NorthBay, we require that a Release of Liability Form be signed as a requirement to attend camp.

I represent that I desire to attend a camp and participate in activities sponsored by NorthBay, LLC (“NorthBay”). In consideration for NorthBay permitting the Guest to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the “Release”). I assert the information given on this health form is complete and accurate to the best of my knowledge.

I acknowledge that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature and acclimatization activities, and using the ropes course, involve certain inherent risks, including the risk of serious personal injury. I agree I shall assume all such risks, including the risk of serious personal injury. I agree I shall assume all such risks, as well as any other risks involved in any activities sponsored by or involving NorthBay.

I also agree to release and discharge NorthBay and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the “Released Parties”), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me attending camp or being involved in any activity, occurrence, or event connected to Northbay.

This Release is intended to release and discharge the Released Parties from all damages, actions, claims, and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend NorthBay from and against any loss, damage, liability and expense, including costs and attorneys’ fees, incurred by NorthBay that is related to or arise from me attending camp or being involved in any activity, occurrence, or event connected in any way to NorthBay. I hereby grant permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of NorthBay.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree that any lawsuit brought against any Released Party shall be brought solely in the Circuit Court for Cecil County, Maryland. I hereby voluntarily waive any right I may have to a trial by jury in any action, proceeding or litigation involving any Released Party. I further agree to pay any attorney’s fees incurred by NorthBay if I attempt to contest the validity of this Release.

In the event I cannot be reached in an emergency when I am under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for myself. If something were to happen to me a doctor selected by the camp may treat me for any injury/illness.

### THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

Signature of adult guest:	Date:
<b>If the guest is under 18 years of age:</b>	
Signature of parent/guardian:	Date: