ADVENTURE CAMP

Camp Week of: July 28-31, 2025 _____

Parent/Guardian:_____Email:_____

Address:_____

City: _____ State: _____ Zip code: _____

Emergency Contact: _____

Phone #: _____

Participant: _____ DOB: _____

Last grade Completed: _____

Allergy or Medical concerns: _____

Participant: _____ DOB: _____

Last grade Completed: _____

Allergy or Medical concerns: _____

Participant: _____ DOB: _____

Last grade Completed: _____

Allergy or Medical concerns: _____

In consideration of my child's desire to attend the "Impact Sports Camp" with the Suwannee Missionary Baptist Association, Inc. and its mission partners, I hereby assume all responsibility for any and all risk of loss, personal injury, accident, misfortune, or damage to my person or property of any nature that I may sustain while participating in any voluntary effort, work or other activity, whether at the designated volunteer location or traveling to and/or from said location.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Suwannee Missionary Baptist Association, Inc. and its mission partners and its officers, directors, employees, agents and volunteers of and from any and all claims or losses, personal injury, accident, misfortune, or damage to my person or property of any nature, which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising out of or in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release and waiver agreement is intended to be as broad and inclusive as permitted by the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Further, I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date _____ **Signature** _____ **Print Name** _____