

Waiver of Liability, Indemnification, and Medical Release

(for volunteers **under 18**)

I/we (print names) : _____
the undersigned parents or legal guardians of

(printed name of minor) : _____
am/are aware of, and recognize and acknowledge the potential risks while working as
a volunteer at the Camp facility. I/we hereby:

- (a) warrant and represent that my/our child is physically fit and capable of participating in these activities;
- (b) waive, release, and discharge the American Baptist Churches of the Great Rivers Region (the "Region"), its officers, agents, employees, and volunteers for any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including death, disability, personal injury, property damage, property theft, or actions of any kind which may accrue rising out of my/our child's volunteer work;
- (c) indemnify and hold harmless the Region, its officers, agents, employees, and volunteers from and against any and all liabilities, damages, claims, demands, losses, or causes of action made by other individuals or entities as a result of my/our child's volunteer work;
- (a) assume full responsibility for the risk of bodily injury, death, disability, or property damage arising out of or related to the above-described activities, whether caused by my/our child's negligence or otherwise.

In the event of accident, injury or illness under any circumstances where I/we am/are not present or able to consent, I/we hereby voluntarily authorize and consent to furnishing my/our child such medical care, attention and treatment by any hospital, physician, or dentist as such hospital, physician, or dentist may deem necessary or advisable, including any anesthetic, medical, or surgical diagnosis or procedure. I/we authorize the Camp Manger, or persons identified by the Camp Manager, to consent to such medical care and treatment. I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.

I/we accept responsibility for any medical bills incurred by me for such treatment.

(continued on back)

