



POLAR BEAR PLUNGE WAIVER AND RELEASE FORM

Participant's Name _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____

Waiver & Release of Liability, Assumption of Risk and Indemnification Agreement In consideration of participating in the Lake James Christian Assembly Inc. Polar Bear Plunge Fundraiser ("Event")

(1) I represent that I understand the nature of the Event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Event.

(2) I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Event.

(3) I fully understand that this Event involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time.

(4) I agree not to jump into the water head first.

(5) I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and /or my minor child incur as a result of my and/or my minor child's participation in the Event.

(6) I hereby release, discharge, and covenant not to sue Lake James Christian Assembly Inc, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, owners and lessors of premises on which the event takes place, (each considered one of the 'RELEASEES' herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations

(7) I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

(8) I authorize Lake James Christian Assembly Inc. and its agents and all persons acting under its authority to promote the Event to use written statements, photos, videotapes and recordings of, about or obtained by me or my minor child or ward. I waive any right to inspect or approve the finished product or the advertising or other copy, which may be used in connection or the use to which it may be applied. I release and discharge Lake James Christian Assembly Inc, its agents and assigns and all persons acting under its authority, from any liability for any violation of any personal or property rights which I might have in connection with such materials.

(9) If registering myself, I hereby represent that I am over the age of 18. If registering a child under the age of 18 or a ward, I hereby represent that I am the parent or legal guardian of such person and have the legal authority to enter into this agreement on their behalf.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date

Signature of Parent/Legal Guardian (if under 18)



Camper First Name _____
Last Name _____ Gender _____ Age _____
Address _____ City _____
State _____ Zip _____
Home Phone _____ - _____ - _____ Grade Entering in Fall _____
Father's Name _____ Work/Cell Phone _____ - _____ - _____
Mother's Name _____ Work/Cell Phone _____ - _____ - _____
Custodial Parent(s) _____
Name & relationship of person registering camper if different than above _____
Church Name _____

MEDICAL HISTORY INFORMATION

Camper's Birthdate _____ - _____ - _____ Year of Last Tetanus Booster _____ My child is current on all immunizations: CIRCLE Yes or No

Does this child have any food, medication, insect or other allergies (Do not include seasonal allergies)? If yes, please answer the following that apply:

Allergies to FOODS _____ Severity of Reaction _____ Management _____

OTHER Allergies _____ Severity of Reaction _____ Management _____

Does this camper have any medical condition(s) or history? For example, if your child has an IEP or 504 plan in the public school setting it would be helpful for the camp to know this. (Nothing indicated means the camper has no medical conditions and is capable of full participation.)

Medical Condition _____
Explained _____

Recent surgery, injury or permanent conditions that may restrict this camper's activities _____

The following over-the-counter medications are stocked at LJCA, used to help manage common illness or injury, and dispensed by standing orders signed by the camp's supervising physician. Some meds are listed as common brand names, though generic may be substituted. Acetaminophen, aloe vera, ibuprofen, antacid (Tums & Mylanta), antifungal spray, burn gel, Zyrtec, Benadryl (oral & ointment), EpiPen (used for anaphylactic reaction), hydrocortisone cream, Lanacaine 1st aid spray, Immodium AD, Gold Bond medicated powder, Midol, pain relief/ointment (Bengay/Biofreeze), Milk of Magnesia, Miralax, Nix, Sudafed, swimmer's ear drops, throat lozenges, tussin, tussin DM, triple antibiotic ointment, bacitracin ointment, Calamine lotion, orajel, sunscreen, docusate sodium (stool softener), Visine AC.

Please list Medications you DO NOT want your child to have _____

Current Prescription/Non-Prescription Medication(s) _____

Medical Information: All medication brought to camp, prescription or over-the-counter, MUST be in their original container with camper's name and turned in to camp nurse. Bring enough medications in sufficient quantities and make sure the medication is NOT expired, including inhalers and EpiPens. Your child SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. Dietary restrictions must be doctor prescribed and reported by the parent/guardian to the food service manager prior to check-in. We advise leaving dietary supplements at home that are not doctor prescribed. In compliance with Indiana State Law, every camper will be screened at check-in for illness or injury; this includes having their temperature taken.

Physician Name _____ Phone _____ - _____ - _____
Alternate Contact _____

Health Ins. Co. _____ ID _____ Group _____
Phone _____ - _____ - _____

Insured's Name _____ Insured's Date of Birth _____ - _____ - _____
Relationship to camper _____