



CENTRIFUGE CAMP
Glorietta, New Mexico
July 16-21

Cost is \$300/\$50 deposit due January 29
Brandon@thefellowshiprr.org

STUDENT RELEASE FOR CHURCH SPONSORED ACTIVITES

Dependent Name: _____ Date of Birth: ___/___/___
Address: _____ City, State Zip _____
Home Phone: _____ Cell: _____
Parent / Guardian Name(s): _____ Cell: _____
Doctor's Name: _____ Office Phone: _____
Emergency Contact – if parent/guardian cannot be reached
Emergency Contact Name: _____ Phone(s): _____
Insurance Company: _____
ID # _____ Group Number: _____ Group Name: _____
Insured Name: _____ DOB: _____

RELEASE

Applies to students only. I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle or bus.

Initial _____

DISCIPLINE RELEASE

Applies to students only. In the event of misconduct, I recognize it is my responsibility to pick my student from our current location.

Initial _____

PERSONAL BELONGINGS RELEASE

Applies to all traveling. I realize that the church or its sponsors are not responsible for personal belongings.

Initial _____

GENERAL RELEASE

Applies to all traveling...

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. I understand that photos taken at the event may include my student and be posted on our website. The person undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, _____, being the legal guardian of _____ give my permission for him/her to participate in church sponsored activities.

Parent / Guardian's Signature: _____ Date: _____



FUGE Release Form

Group Leaders: Bring **ONE notarized copy** of this document to registration and keep a **photocopy** for yourself to have with you in case of emergency at camp. **Attach a photocopy of insurance card.**

Church Information:

FUGEVenue: _____ Name of Church: _____
Group Leader: _____ Group Leader's cell # at Camp: (____) _____
ChurchAddress: _____ City: _____ ST: _____ ZIP: _____

Camper's Info:

Participant Name _____ Age _____ Date of Birth: ____/____/____
Grade Completed (campers only): _____ Address: _____ City: _____
ST _____ ZIP _____ In case of an emergency notify: _____ Relationship to camper: _____
Phone Numbers-Home:(____) _____ Work(____) _____ Mobile:(____) _____ Other:(____) _____

Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble
Diabetes Dizziness Stomach Upset Hay Fever _____

List any any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone:(____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Employment: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the FUGE Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Recreation- The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, equestrian activities and aquatics, (not available at every FUGE venue). You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to www.FUGE.com and follow the specific link to the camp venue's Group Leader Information.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Copy to Camp Venue. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Participant's Signature (only if 19yrs of age or older): _____ Date: ____/____/____
Parent/ Guardian Signature: _____ Phone: (____) _____ Date: ____/____/____

Notary Acknowledgement: State of _____ County of _____ On _____
before me, _____, Notary Public, personally appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Notary signature: _____ My commission expires: _____

FUGE 2012
Children at Camp
Statement of Compliance



In an effort for everyone to have the best possible camp experience, please read and sign this statement in regard to having your child at camp this week.

Parent Name: _____

Camp Location & Week: _____

Parent Cell Phone Number: _____

I understand and agree to:

- Supervise my child at all times, or have someone from my church supervise my child when I cannot,
- Not allow my child to participate in any camp activities if they are under the age of 5,
- Follow the rules of the camp director in reference to what my child can or cannot do if they are age 6 or older, including but not limited to – only attending certain tracks and if attending ministry site must ride with the parent,
- Pay for my child if he/she will be using bed space or eating meals on campus,
- Not let my child distract others from camp experiences (i.e. worship services),
- Provide a FUGE Release Form for my child, no matter what their age,
- If my child is older than 6 years, he/she must stay in a dorm with boys if the child is a boy and girls if the child is a girl.

Signature: _____

Date: _____



SPECIAL ATTENTION CARD

CAMP LOCATION: _____ CAMP DATES: _____

Student Name: _____ Age: _____

Church Name: _____ Group Leader: _____

Bible Study Leader: _____

Description of Need: (use space below as needed)

Please provide information that will help us to better minister to this student. DO NOT disclose any confidential information.

FOR FUGE USE ONLY

Provide details of ways you ministered specifically to this student.

Provide any changes noted or actions taken on the part of the student.

Provide comments to group leader about this student.

STAFF SIGNATURE _____ DATE _____