

Rock Mountain Bible Camp ~ Golf Tournament

INFORMED CONSENT FORM

Name of Team Captain: _____

Participant Name _____

Parent/Guardian Name (if participant is under 18 yrs) _____

Address _____

City _____ State _____ Zip _____

Phone (mobile) _____ (home) _____

Email _____

Birth date: _____ Male Female

Yes! I want to be informed about Rock Mountain! Add me to the mailing / e-mailing list.

Form must be signed by all participants.

This form must be signed by a parent/guardian if the participant is less than 18 years old.

I/we am/are aware, in signing this document for participation in the Rock Mountain Bible Camp Golf Tournament that although professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I/we am/are aware that certain risks and dangers exist in these activities that are beyond the control of Rock Mountain Bible Camp and its' staff.

I/we understand that the Rock Mountain Bible Camp staff has the right to deny participation and that it is my (or my son/daughter/ward) responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff. If I/we do not understand specific instructions from the staff at any time, I/we realize that it is my (or my son/daughter/ward) responsibility to ask for clarity and/or assistance.

I/We am/are aware, in signing this document for participation in the Rock Mountain Bible Camp Golf Tournament that I/we authorize the leader of the event to secure such medical advice and services as deemed necessary for the health & safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility:

- * where the health and well-being of the applicant is involved.
- * where the medical advice has been such that further services are required.
- * where reasonable attempts to contact the parent/guardian have failed or where due to the nature of the emergency there is insufficient time to contact parent or guardian
- * where benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

Furthermore, I give my consent to medical personnel to treat me (or my son daughter/ward) in a medical situation.

I/We understand and assume all dangers(hazards and perils) and risks associated with the Golf Tournament, and waive all claims or causes of action arising from my (or son/daughter/ward) participation in the Rock Mountain Bible Camp Golf Tournament; and do hereby release Rock Mountain Bible Camp from liability which I may ever have against the program, its successors and assigns, its officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns.

I grant permission for my (or my son/daughter/ward's) picture to be used in camp promotional materials.

My signature on this document is also intended to bind my successors, heirs, representatives, administrators, and assigns.

Signed: _____ Date: _____
Participant

Signed: _____ Date: _____
Parent or guardian (if participant is under 18 years)