

BYRON BIBLE CAMP - PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM
THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED.

Participant's Name _____ Date of Birth ____ / ____ / ____
Address _____
City _____ State _____ Zip _____
Gender (circle one) M F Age _____ Email _____
Primary Phone _____ Work Phone _____ Cell Phone _____

In case of an emergency contact _____
Relationship to Participant _____
Primary Phone Number _____ Alternate Phone Number _____

AGREEMENT, WAIVER AND RELEASE - In consideration of being permitted by Byron Bible Camp to participate in activities at Byron Bible Camp facilities and off site programs, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities or other location. This release is intended to discharge in advance Byron Bible Camp, its officers, employees, board members, directors, counselors, volunteers and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any other Byron Bible Camp facility or location even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify (protect) and to hold harmless, Byron Bible Camp, its officers, employees, board members, directors, counselors, volunteers and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other Byron Bible Camp facility or location.

I understand that by participating all participants consent to photo images taken by Byron Bible Camp staff during this activity to be used in any or all Byron Bible Camp publications and websites.

Signature of Participant: _____ Date _____
Please continue if participant is a minor (under 18)

CONSENT OF PARENT/GUARDIAN (If participant is a minor) I am the parent or legal guardian of the participant listed above. I hereby consent that the participant may participate in activities at this, or any other Byron Bible Camp facility or location and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in activities at any such Byron Bible Camp facility or location.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BYRON BIBLE CAMP AND I SIGN IT OF MY OWN FREE WILL.

Print Name of parent or guardian _____
Relationship to minor _____

Signature of parent or guardian _____ Date _____