



General Release Waiver

The undersigned, or on behalf of said minor, has asked Mount Hope Bible Camp (hereinafter "MHBC") to be allowed to participate in the activities offered at MHBC. Activities may include but are not limited to Paintball, Swimming and other programmed activities. The undersigned acknowledges that the activities involve physical exertion and other risks; is aware of the possibility of risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability including blindness, loss of hearing, or death does exist; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any Staff Member, Game Coordinator, or Referee. Understands that it is each participants responsibility to wear any safety gear deemed necessary by MHBC; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity; The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold MHBC harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at MHBC, whether caused by MHBC's active or passive negligence or otherwise.

Image Release Waiver

The undersigned also gives permission to MHBC to use any photographs and videos and audio of him/her, or said minor, for promotional materials, including the MHBC web site postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Medical Release Waiver

The undersigned also gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and give permission to release any records necessary for insurance purposes.

Emergency Contact: Mr. Mrs. Ms. _____ Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ E-mail: _____ @ _____

Health Information: You may opt out by checking the following statement: I decline to provide personal health information.

Describe health conditions requiring medication (include dosage), treatment, special restriction or consideration while at MHBC:

Date of last shot: _____ List any other immunizations and dates: _____

List any allergies: _____

Participant (print): _____ Signature: _____ Date: _____

Parent/Guardian (print): _____ Signature: _____ Date: _____

Health Supervisor's Statement: Screening to identify evidence of illness, injury, or disease has been completed. YES NO

Group Health Supervisor (Sign): _____ Date: _____