Faith Baptist Youth Camp Adult Registration Form

615 Denas Cove Rd, Ragland, AL 35131 Camp Phone (205) 472-2155

Medical Information:	
Adult's Name	Age
Emergency Phone <u>()</u>	
Medications Regularly Taken	
Allergic Reactions	
secure proper treatment for me as nat case of sickness or accident. I certify th camping program other than the activ Signature of Adult:	
Date	
Registration Form:	
Adult's Name	Date
Address	
	State
Home Phone <u>()</u>	Mobile Phone(_)
DOB	Age Male/Female
Church	Pastor
I have read the Rules and Dress Coc	<u>de</u> and agree to abide by them.
Adult's Signature:	

Consent Form and Liability Waiver:

Each church is responsible for their adults and campers. Each church, adult, parent or legal guardian, and camper will not hold Faith Baptist Church and Faith Baptist Youth Camp liable for neglect of their responsibility. Faith Baptist Youth Camp cannot guarantee that you or your child(ren) will not become infected with COVID-19. I hereby forever release and waive my right to bring suit against Faith Baptist Youth Camp and its agents and employees, volunteers, and other representatives in connection with exposure, infection and/or spread of COVID-19 related to utilizing Faith Baptist Youth Camp's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages whether known or unknown, foreseen or unforeseen. I HAVE CAREFULLY READ THIS CONSENT FORM AND LIABILITY WAIVER, FULLY UNDERSTAND ALL OF ITS TERMS, UNDERSTAND THE RIGHTS THAT I FORFEIT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Adult's Signature:_____

Date:____