

# SGBA Winter Blast at Michigan Christian Youth Camp • Feb. 6-8, 2015 • Registration/Medical Form

Please PRE-REGISTER by January 20 to: llclayton61@gmail.com or call 810-441-4606 (Laura Clayton)  
Bring completed form along with \$75.00 Checks payable to: SGBA (with Winter Blast on Memo line). Please print.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Home Church: \_\_\_\_\_  
Street City State Zip

Parent or Guardian (Specify): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

Emergency contact if parent or guardian is not available: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

## General Release

By participating in the activities of SGBA Winter Blast, I acknowledge that there may be inherent or other risks involved. I/We agree to release SGBA and Michigan Christian Youth Camp (MCYC) and its agents from all liability of damage and injury to myself or to the participant indicated above for whom I am the Parent/Legal guardian. I also accept full liability for any loss or damage for all equipment or property of MCYC while it is in my control or possession.

## Medical Consent

Allergic Reactions to:  Penicillin  Aspirin  Other Medications (describe): \_\_\_\_\_

Food Allergies (describe): \_\_\_\_\_

Special problem behavior, conditions, infectious diseases (explain): \_\_\_\_\_

Please use additional paper if necessary.

YES  NO Are immunizations up to date? Date of last tetanus shot (Year): \_\_\_\_\_

YES  NO I believe my child is able to attend winter blast and participate in all activities.

My child needs to observe the following restrictions: \_\_\_\_\_

**Medications needed or used** - Note: all medications must be in original containers with dosages clearly marked.

Kind: \_\_\_\_\_ frequency: \_\_\_\_\_ dosage: \_\_\_\_\_ currently being given:  YES  NO

Kind: \_\_\_\_\_ frequency: \_\_\_\_\_ dosage: \_\_\_\_\_ currently being given:  YES  NO

Note: Medications are responsibility of each individual. We do not have a nurse on duty.

Medical Insurance Carrier Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

I give permission to Sovereign Grace Baptist Association to secure emergency medical/surgical treatment and to provide routine, non-surgical medical care for my child named above while at Winter Blast. I certify that I am the parent or legal guardian of the child named above. I/We hereby release the SGBA, its agents and representatives from any and all liability that may occur during the course of transporting the above named person to or from medical treatment. I further certify that the above information is accurate to the best of my knowledge. I, the undersigned, have read and understand the above medical consent and release from liability for myself/my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **IMPORTANT: The following must be agreed to and signed for attendance:**

- Cell phones may be used for Bible apps and cameras only. Other uses will not be allowed. Phones will be held by director if abused. Counselors may chose to have docking area for night time. (applies to under age 18)
- Camp dress code applies. Modest tops for girls, no questionable graphics on clothing.
- Smoking, alcohol, abusive use of drugs, unbecoming talk or dress, bad conduct or leaving the camp grounds without permission result in dismissal from the retreat by the director with no refund of fees. Parent/Guardian will be responsible for transportation expenses. I have read and agree to obey the retreat rules.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SGBA Winter Blast at Michigan Christian Youth Camp • Feb. 6-9, 2015 • Extra Activities Form**

These activities are available to the campers for an additional cost. If you wish to participate in these events, please bring the money with you to Winter Blast. Understand that if we do not have enough participants signed up for an activity at the beginning of Winter Blast or the weather becomes uncooperative, we will have to cancel the activity.

Horseback Riding - \$12

Paintball - \$25

If you have selected either or both of these activities, please fill out the corresponding release forms below and have them ready with your payment at the beginning of Winter Blast.

**Michigan Christian Youth Camp & Retreat Center**  
~Glorifying God by providing an environment that promotes Christian growth~  
820 N. Lake George Rd., Attica, MI 48412 Phone: 810-664-8040 Fax: 810-664-2863  
Email: mcyc@mcyc.org Website: www.mcyc.org

Release Form for Activities

Participants Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Medical Ins. \_\_\_\_\_ Policy# \_\_\_\_\_

The challenge course is likely to be both physically and emotionally challenging. By completing and signing this form you are assuring MCYC that there are no physical or psychological reasons that you know of which would in any way make participating in this program a risk for you.

- Yes  No      Have you ever had a heart attack or heart condition?  
 Yes  No      Have you ever had heart surgery?  
 Yes  No      Have you ever had any type of seizure?  
 Yes  No      Have you broken any bones or had any serious sprains in the last six months?  
 Yes  No      Have you had any problem with depression or been diagnosed or treated for any psychological disorder?  
 Yes  No      Are you currently taking any medications?

Please explain any Yes answers:

\_\_\_\_\_

\_\_\_\_\_

Low  Med  High      Current level of activity at home.

Please list any allergies (food, bees, insects, etc.) or reactions to medications:

\_\_\_\_\_

I recognize that certain hazards and dangers are inherent in the Michigan Christian Youth Camp (MCYC) events and programs and particularly, but not limited to, the activities of Horseback Riding, Dairy Farm Tour, Petting Farm, Barnyard Bonanza, Orienteering, Ropes Courses (Low Ropes and High Ropes), Adventure Challenge, Swimming, High Adventure areas, Extreme sports, winter tubing, snowboarding and ice skating and I acknowledge that although MCYC has taken safety measures to minimize the risk of injury to participants, MCYC cannot insure nor guarantee that the participants equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries. I further recognize the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of activity participants.

The Challenge Courses are operated on a Challenge by Choice basis. Each participant will be encouraged to try each element, but is free to choose their own level of participation and will not be forced or coerced to participate in any element against their will.

In consideration of MCYC accepting and permitting me to attend camp and participate in the camp's activities, I agree that MCYC, a non-profit corporation, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to me and/or anyone claiming on my behalf, and I further agree to hold harmless, indemnify and defend MCYC, its officers, agents, employees, trustees and volunteers for and from any and all damage during the time of my attendance and participation at MCYC, whether such injury, illness, damage or death occurs on or off the camp's premises.

Each participant must understand that there is actual risk of injury in this program. Rope burns, scrapes, strains, and muscle pulls are not uncommon with these activities. **Safety is our number one priority in operating all our programs.**

Check this box if you would like NOT to receive information about MCYC

Participants Signature (over 18) \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature if under 18 years of age \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

# Michigan Christian Youth Camp – Paintball Waiver and Release of Liability

## READ AND COMPLETE ALL BLANKS

Participant's Name \_\_\_\_\_  
PRINT CLEARLY-NAME OF PARTICIPANT Birth date

Address \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_ Home Phone      \_\_\_\_\_ Cell Phone in case of emergency      \_\_\_\_\_ Email Address

1. Has asked Michigan Christian Youth Camp to be allowed to play PAINTBALL and acknowledges that the game involves physical exertion and other risks, known and unknown and may result in injury to the undersigned or others playing the game, even if all safety rules are followed;
2. Is aware of the possibility of risks of injury or illness, including, but not limited to bodily injury, fractures, eye injury, blindness, partial or total paralysis, disease fractures, being hit by a paintball, falling, tripping, being hurt by a wild animal, snake bite, heat stroke, heart attack, hypothermia, getting lost in the wilderness, being shot by hunters, being caught in a rock, snow or mud slide, insect bites & stings, poisonous, cutting, stinging or piercing plants, being struck by lightning, improper use, malfunction or operation of equipment by the undersigned or any other player and/or others not following the safety rules. Players will be exposed to both natural and manmade hazards. The possibility of permanent disability or death does exist;
3. Agrees to play the game according to the rules which have been explained, posted and provided and to follow directions given by any game referees;
4. Warrants and acknowledges that his / her physical condition is excellent and his / her mental state is sufficiently stable to enable him / her to participate safely in the game. This includes not being on any medications that would pose a risk to him or her under physically, exerting conditions.
5. Agrees to use any paintball equipment in a manner which will not cause injury or damage to himself / herself or others playing;
6. Certifies that he / she is 10 or over 10 years old;
7. Authorizes use of photos, videos, name, comments, game results, etc. for promotional purposes
8. Understands and agrees to follow all safety rules and procedures and that such rules and procedures not followed by others could result in my injury or death;
9. Understands that serious and permanent eye injury, including loss of eyesight, can occur if approved paintball safety eyewear is not worn in any area where paintball guns may be intentionally or accidentally discharged. I understand it is my responsibility to wear approved safety eyewear and I accept that responsibility.
10. Understands that the safety eyewear can fog or become dirty, and agrees that despite any, or other, such problems that he / she will keep them securely fastened to protect the eyes and will not remove them while on the playing field, at the chronograph, at the target range or in any other area where he / she might be struck by a paintball, other gas powered projectile device used in paintball or by the dispersing of a paint grenade.
11. Understands that loss of hearing from an ear shot, disorientation and injury from throat, groin, head or ear shots can occur if proper safety equipment is not worn to protect these areas, and understands it is his / her responsibility to wear or not wear such items.
12. Failure to abide by rules as reviewed by paintball referees may result in disqualification from playing. Should this happen there will be no refund of fee.

IN CONSIDERATION of being permitted to play, watch or participate in paintball, the undersigned, on behalf of himself / herself, his / her successors or assigns, hereby releases and forever discharges Michigan Christian Youth Camp, land owners, land lease holders or managers, equipment distributors, and their successors, assigns, employees, officers, agents and franchisees, dealers or operators both jointly and severally, from any and all actions, covenants, claims and demands for damages, costs, expenses (including attorneys' fees), loss or injury, however arising, including negligence, whether caused in whole or part, of Michigan Christian Youth Camp, employees, owners, agents, participants or others which may have been or may be sustained by the undersigned in any way, foreseeable and unforeseeable, relating to or arising out of the participation in paintball activities or using or being around others using paintball equipment, including but not limited to, the manufacture, selection, delivery, possession, use, or operation of the equipment or the natural environment. The undersigned desires and agrees to assume any and all risks.

THIS DOCUMENT IS INTENDED TO BE A LEGALLY BINDING CONTRACT RELIEVING THE GAME OPERATORS, THEIR EMPLOYEES, EQUIPMENT SUPPLIERS AND OTHERS MENTIONED, FROM LIABILITY FOR INJURY TO YOU. IF YOU HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS, CONSULT AN ATTORNEY BEFORE SIGNING IT. THIS HOLD HARMLESS AGREEMENT COVERS ALL PAINTBALL ACTIVITIES OR EVENTS I PARTICIPATE IN HEREAFTER.

I, on behalf of myself, my personal representatives, my heirs, hereby voluntarily agree to the above release and acknowledge the receipt of the referenced safety rules. I have read each and every item of this Waiver, I understand what each item means, will participate in spite of the herein mentioned risks and I agree to abide by the terms of this Waiver. By signing, I agree it is my intention to exempt and relieve, release, waive, discharge, hold harmless, defend and indemnify Michigan Christian Youth Camp, for personal injury, property damage or wrongful death, for any cause. And that I am the legal guardian of the above listed minor participant.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Michigan Christian Youth Camp

## WAIVER, AGREEMENT AND LIABILITY RELEASE FOR EQUINE ACTIVITIES

### READ CAREFULLY BEFORE SIGNING

I agree to the following WAIVER, AGREEMENT AND LIABILITY RELEASE (hereafter, "Agreement") with MICHIGAN CHRISTIAN YOUTH CAMP (hereafter, MCYC), a Michigan non-profit corporation, (hereafter, "Stable") as a condition for its allowing me, and the persons identified below (if any), to do **any or all of the following** at any time:

- Enter the premises and/or surrounding land where Stable does business, including but not limited to MCYC;
- Be near, ride, or handle horses or ponies (hereafter referred to as "equines");
- Proceed on a guided trail ride in which I ride an equine or lead/ride on a hand-led pony ride;
- Receive riding instruction or guidance from Stable in riding, handling, or working with equines at any location;
- Allow my child (under 18) to take part in the Stable's summer camp program, which involves a variety of activities on, near, or off of the Stable's premises and includes riding, handling, and being near equines; and/or
- Proceed on a tractor-driven hayride on the premises or surrounding land where Stable does business.

All of these activities, individually and collectively, will be referred to in this Agreement as "The Activities."

NAME OF CONTRACTING PARTY: \_\_\_\_\_

NAME OF OTHER CONTRACTING PARTY (Spouse or Other Parent): \_\_\_\_\_

ADDRESSES OF CONTRACTING PARTIES: \_\_\_\_\_

PHONE: [Home] \_\_\_\_\_ [Business] \_\_\_\_\_ [Cell/Other] \_\_\_\_\_

I am also making this agreement on behalf of the following, who is/are my child/ren or legal ward(s):

1. \_\_\_\_\_ AGE: \_\_\_\_\_      3. \_\_\_\_\_ AGE: \_\_\_\_\_  
2. \_\_\_\_\_ AGE: \_\_\_\_\_      4. \_\_\_\_\_ AGE: \_\_\_\_\_

All parts of this Agreement apply to me and the children/legal wards above. [We will collectively call ourselves "I," "me," or "my" in this Agreement.] This Agreement is intended to be valid and binding at all times, when Stable permits me (directly or indirectly) to take part in any or all of the activities at any time and at any location.

### IT IS AGREED AS FOLLOWS:

1. I have requested to engage in any or all of The Activities, now and/or in the future and at any location.
2. **Risks.** I understand that anyone riding, handling, working with, or even near an equine can suffer bodily and other injuries. Among other things, equines are unpredictable by nature. For example, when frightened, angry, or under stress, the natural instincts of an equine are to jump forward or sideways, back up quickly, or run away from real or perceived danger by trotting or galloping. Equines also have the ability to kick, buck, rear up, spin around, strike, or bite. I know that equines can do any of these things without warning. I am aware that Stable regularly checks its saddle girths (strap that fastens around the equine's belly), but girths could loosen during a ride, even when properly fastened. I also understand that all equines, even if they have no history of hurting anyone, are powerful and have the potential to be dangerous to people/animals that are on, near or around them.

Further, I understand that riding, handling, working with, or even being near an equine at any location can expose me to numerous hazards, which could include, for example: the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them; the unpredictability of an equine's reaction to sounds, sudden movements, and unfamiliar objects, persons, or other animals; certain hazards such as surface or subsurface conditions on, near, or off of the property where The Activities take place; and/or collisions with other equines, animals, or objects. **I understand that these risks and dangers are inherent in equine-related activities, and I agree to assume all of them. I also understand that these are just some of the risks, and I agree to assume others that are not mentioned above. I am NOT relying on Stable to list all possible equine-related risks for me in this document or at any time, now or in the future.** INITIAL HERE: \_\_\_\_\_

3. **WAIVER AND LIABILITY RELEASE:** *As consideration for being allowed to engage in any or all of The Activities, I (on behalf of myself and my minor child/ren, if any) agree to each of the following: (a) MCYC, their respective, members, managers, directors, employees, agents, representatives, heirs, assigns, and others acting on their behalf shall not be liable for any damages that I (and/or my minor child/ren or legal wards, if any) may sustain as a result of engaging in any of The Activities at any time; and (b) I/we fully and forever release, waive, and discharge all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, unknown, anticipated or unanticipated, whether caused by their ordinary negligence or other legal liability, resulting from or arising out of my/our engaging in any of The Activities at any time and at any location. The term "damages" means, for example, medical expenses, losses incurred because of bodily injuries or property damages, death, and/or personal property damages. This release is intended to apply whether or not I am riding, handling, or near equines and regardless of where The Activities may take place. (In accordance with Michigan law, I am not releasing Stable from loss, injury, or damage directly caused by Stable's gross negligence or wanton and willful misconduct.)* INITIAL HERE: \_\_\_\_\_

**WARNING**

Under the Michigan Equine Activity Liability Act [1994 P.A. 351], an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

**IT IS MUTUALLY UNDERSTOOD AND AGREED THAT THIS AGREEMENT IS A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, 1994 P.A. 351. BY SIGNING THIS AGREEMENT, I AGREE NOT TO BRING ANY CLAIM OR SUIT AGAINST MICHIGAN CHRISTIAN YOUTH CAMP AND THEIR RESPECTIVE, MEMBERS, MANAGERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, HEIRS, ASSIGNS, AND OTHERS ACTING ON THEIR BEHALF UNDER ANY EXCEPTION IN THAT LAW. IN PARTICULAR, I AGREE NOT TO BRING A CLAIM OR SUIT FOR: (1) FAULTY TACK OR EQUIPMENT; (2) FAILURE TO MAKE REASONABLE AND PRUDENT EFFORTS TO DETERMINE AN EQUINE ACTIVITY PARTICIPANT'S ABILITY TO SAFELY MANAGE AN EQUINE; (3) A DANGEROUS LATENT CONDITION OF THE LAND; AND/OR (4) ANY ACT OR OMISSION THAT MAY CONSTITUTE 'ORDINARY NEGLIGENCE' BY STABLE OR BY PERSONS OR ENTITIES THAT ARE AFFILIATED WITH STABLE (EXCEPT IF LOSS, INJURY, OR DAMAGE IS CAUSED BY STABLE'S GROSS NEGLIGENCE OR WANTON AND WILLFUL MISCONDUCT). INITIAL HERE: \_\_\_\_\_**

**4. INDEMNIFICATION.** I also agree to indemnify and hold harmless, MCYC and their respective, members, managers, employees, agents, representatives, heirs, assigns, and others acting on their behalf against all damages which are sustained or suffered by any third person(s) ["third persons" are people who are not parties to this Agreement, including, but not limited to, other persons on or near the property, other riders, relatives, competitors, guests, etc.], including any and all injuries or damages whatsoever that I may cause, directly or indirectly, while engaging in any or all of The Activities at any time and at any location. The indemnification shall include reimbursement of Stable's reasonable attorney fees.

**5. ASTM/SEI Helmets/Headgear.** I agree to be fully responsible for my own safety at all times. Stable has advised me that, for my own protection, I should wear properly fitted and secured ASTM-standard/SEI-certified protective equestrian headgear that is designed for use when riding, handling, or when near equines. I am NOT relying on Stable to provide a certified helmet for me, to check any helmet or helmet strap that I may wear, or to monitor my compliance with this suggestion at any time. If I choose to wear an ASTM-standard/SEI-certified helmet, or if I choose not to, this is my decision alone.

**6. Physical or Mental Conditions/Special Needs.** Many physical and mental conditions pose special risks to the participant while engaging in The Activities. Stable recommends that I consult with a physician before participating in any of The Activities, especially those that involve riding, handling, or being near equines. Also, I want Stable to be aware of the following physical conditions, mental conditions or personal needs that might affect my safety and ability to engage in any of The Activities: \_\_\_\_\_

7. This Agreement is governed by Michigan law and is intended to be as broad and inclusive as Michigan law permits. This document can only be modified in writing and signed by me and the MCYC designated agent. Should any part of this document conflict with Michigan law, only that part will be void, but the remainder of this document shall stay in full force and effect at all times. Should I breach this Agreement (or any part of it), I agree to pay attorney's fees and court costs related to the breach that are incurred by Stable. It is also mutually agreed that any disputes arising under this Agreement, or any activities that are undertaken pursuant to it, shall be litigated in a State or Federal Court of proper jurisdiction located in or nearest to Lapeer County, Michigan.

**SAFETY HELMET/PROTECTIVE HEADGEAR AGREEMENT AND RELEASE**

INITIAL HERE: \_\_\_\_\_ At my request, Stable will provide an equestrian safety helmet that is ASTM-standard/SEI-certified and designed for use when riding or when near horses or ponies. I understand that these helmets are designed to reduce the severity of some head injuries and possibly prevent death from happening as the result of a fall or other occurrences, but they cannot prevent all injuries or even death from occurring. I also understand that neither MCYC, nor its members, managers, employees, agents, or affiliated persons can guarantee the suitability of any helmet that has been provided.

**By signing below, I (for myself, individually, and also on behalf of my child/ren and/or legal ward(s), heirs, administrators, personal representatives or assigns) release and discharge MCYC and their respective, members, managers, directors, employees, agents, representatives, heirs, assigns, and others acting on their behalf of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or damage that may be sustained, or property damage which may occur, as a result of the use of the helmet and headgear provided (except for their gross negligence or willful and wanton misconduct).**

**10. ALSO, I REPRESENT: (PLEASE CHECK AND INITIAL EACH SECTION BELOW):**

- \_\_\_\_\_  I AM AT OR OVER 18 YEARS OF AGE;
- \_\_\_\_\_  I AM OF SOUND MIND AND AM NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS;
- \_\_\_\_\_  I HAVE READ THIS ENTIRE AGREEMENT (ALL PAGES) AND FULLY UNDERSTAND IT;
- \_\_\_\_\_  I UNDERSTAND THAT STABLE RESERVES THE RIGHT TO REFUSE TO ALLOW ME OR OTHERS TO RIDE OR HANDLE A HORSE IF, IN STABLE'S SOLE DISCRETION, MY PARTICIPATION POSES A SAFETY RISK TO ME OR TO ANY OF STABLE'S EQUINES.
- \_\_\_\_\_  I INTEND FOR THIS AGREEMENT TO BE VALID AND BINDING TODAY AND AT ALL TIMES IN THE FUTURE; AND
- \_\_\_\_\_  ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.

SIGNATURE OF CONTRACTING PARTY: \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_ DATE : \_\_\_\_\_

SIGNATURE OF OTHER CONTRACTING PARTY (Spouse/ Other Parent): \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_ DATE : \_\_\_\_\_

SIGNATURE OF STABLE: \_\_\_\_\_ DATE : \_\_\_\_\_