



### WAIVER & RELEASE FORM

Youth Leaders: please copy and bring completed forms to the event in an envelope and drop off at registration.

**This waiver and release form must be signed and submitted to participate in the Paintball or ATV activities at NYFC.**

Full Name: \_\_\_\_\_  Male  Female

Youth (under 18)  Adult (18+)  Adult Chaperone

Church Attending With: \_\_\_\_\_

Youth Leader Name: \_\_\_\_\_ Youth Leader Phone: \_\_\_\_\_

#### Clays Mill Baptist Church – The National Young Fundamentalists Conference Liability Release

I voluntarily release and forever discharge Clays Mill Baptist Church, its officers, agents, and staff from any and all liability, claims, actions, or rights of action which are in any way related to the registrant’s participation in the conference activities. I agree to indemnify and hold Clays Mill Baptist Church harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant’s participation in conference activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against Clays Mill Baptist Church arising from the registrant’s participation in all conference activities, included but not limited to those at the church properties, Commonwealth Baptist College, Circle C Baptist Ranch, Sports Complex, and any activities associated with the National Young Fundamentalists Conference.

By attending a Clays Mill Baptist Church youth conference, you will be participating in an event where photography, video and audio recording may occur. Your attendance and participation in the event signify your acceptance of this, and releases Clays Mill Baptist Church from any liability, payment or royalties in connection with the capture, reproduction or distribution of the images, video or audio by Clays Mill Baptist Church as it deems fit.

In case of emergency, I understand every reasonable effort will be made to contact the parents or guardians of the minor registrants. However, if the parents or guardians cannot be reached within a reasonable time period under the circumstances, or if I, the below signed registrant am 18 years of age or older, I hereby give Clays Mill Baptist Church permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant’s health, safety, and welfare. I release Clays Mill Baptist Church from liability in acting on my behalf in this regard and rendering such medical treatment.

#### EMERGENCY CONTACT INFORMATION

Parent/Guardian  Self  Other \_\_\_\_\_

Full Name: (please print) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I have read and fully understand this Release.

Signature: \_\_\_\_\_  Registrant over 18 years of age

#### Signature required by parent/guardian for all registrants under 18 years of age.

I, the undersigned, hereby warrant that I am the parent or legal guardian of the above person and have full authority to authorize the above release, which I have read and approve.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_