

P.O. Box 886  
Talladega, AL 35161  
PH: 800.280.1105  
FAX: 256.761.1270  
www.shocco.org



## Waiver & Release

*Participants in recreational events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) must have a signed and witnessed OR notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized. **Pages 1, 2, and 3 of this form must be presented at Event check-in.***

Church/Organization Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male/Female

Address: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

<p><b>Event Name:</b> _____ <b>Event Date:</b> ____/____/____</p> <p><b>Please check which one best describes the attendee (more than one may apply):</b></p> <p><input type="checkbox"/> Student      <input type="checkbox"/> Group Leader      <input type="checkbox"/> Student Leader</p> <p><input type="checkbox"/> Adult      <input type="checkbox"/> Minister</p> <p>Please read the recreation activities description on <b>Page 4</b> and initial that you understand all approved activities for the person herein described.</p> <p>_____ <b>3.1 Adventure Recreation on Property</b>      _____ <b>3.2 Adventure Recreation Off Property</b></p> <p>_____ <b>3.3 Adventure Recreation Paintball</b>      _____ <b>3.4 Waterfront</b></p>
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**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release / Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue SSBCC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify SSBCC for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SSBCC's negligence or otherwise. (See Page 4 for **SSBCC Recreation Activities Descriptions**)

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the group's leader, not SSBCC, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC events.

SSBCC's guest medical supplement will assist within current/prescribed **limitations** in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, SSBCC's guest medical supplement will also assist within current/prescribed **limitations**.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SSBCC. SSBCC, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**  
**Please check, which applies:**

Parent/Guardian (for attendee under 19 years of age)                       Attendee (19 years of age and over)

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

Relationship to Attendee \_\_\_\_\_ Contact #: \_\_\_\_\_

**Witness**

I witnessed \_\_\_\_\_  
Name of Parent or Guardian  
sign the above Waiver and Release on

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

**Notary Information**

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The state of \_\_\_\_\_

The county of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_  
known to me (or proved to me on the oath of \_\_\_\_\_)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

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**Group Leader Agreement:**

**Event Name** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

***It is the desire of Shocco Springs Baptist Conference Center, Inc. (SSBCC) to provide a Christian environment for spiritual transformation and renewal. During events this best happens through a solid partnership with the sponsoring organization to help create a meaningful and safe experience. The following responsibilities are asked and required from each sponsoring organization’s leadership:***

***I am responsible for the Spiritual guidance of all individuals in our group.***

*This includes, but is not limited to, counseling my group participants concerning spiritual decisions in corporate gatherings, quiet time, our group time as well as other opportunities throughout the event.*

***I am responsible for discipline, supervision and leadership of individuals in our group.***

*This includes, but is not limited to, in the dorms/lodging, during corporate gatherings, during scheduled events and throughout free time.*

***I understand that any damages incurred on campus due to actions from members of our group will be the sole responsibility of that individual and/or the church/group with which they are attending.***

***I understand that all decisions regarding medical needs of individuals under my supervision are the sole responsibility of me and our adult leadership.***

*This includes, but is not limited to, decisions about medical/injury treatment, collecting and maintaining copies of medical release forms, medical history or attendees’ medical insurance information, transportation to medical facilities if needed and communication with parents or guardians regarding any medical needs of my group participants.*

***I understand that I am responsible for the arrival and departure of all students in my group. If parents are picking up a student early they will make arrangements through me and I will communicate with them regarding any attendee’s departure from an event held at SSBCC.***

***I understand that I am responsible to uphold the event guidelines that SSBCC has set and will communicate the same to each student and adult at events held at SSBCC.***

*This includes, but is not limited to, dress standards, attendance, quiet times, guys and girls being in the appropriate rooms, no alcohol, tobacco, drugs, weapons or fireworks.*

**In the event of an accident or injury to a participant at an event at SSBCC, the SSBCC staff will not make any decisions or recommendations regarding medical treatment or diagnose illnesses or injuries. Our staff may provide basic first aid but will never provide medication of any kind. All medical decisions are reserved for the authorized agent (group leader) of the church/group. We strongly urge that medical attention be sought for any injury occurring during an event at SSBCC.**

**I understand my responsibilities as the authorized agent of my church/group and I will properly train, educate and inform each of my adult leaders to help our group carry out our assigned tasks and expectations.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

(Group Leader – Authorized Agent)

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

## SSBCC Recreation Activities Descriptions

The recreation programs at SSBCC strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. Our program staff are trained and as a team committed to your rewarding experience with safety as our highest priority. We have done everything possible to mitigate any risks involved in our recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, aquatic activities and team sports.

You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your back and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property.

### 3.1 On property:

- **High and Low Challenge Course** - This activity requires groups to work together accomplishing various tasks both on and off the ground. You will be challenged as a team to communicate, lead and follow, respect individualities and learn that we accomplish more when we work together. You may have to run, jump, climb, hold each others weight, balance for extended periods of time and use your brains to there fullest. We lay out a "Challenge by Choice" philosophy for your entire program which essentially empowers groups and individuals to set their own goals and learn at their own pace. We want to facilitate a strong, safe and healthy environment conducive to positive learning, seasoned with an ample dose of fun. To do this we must be sensitive to your group's physical, spiritual and emotional boundaries. It is in this type of environment that groups are most effective. We learn by doing and we do better together!
- **Trail System** - We have a trail system that covers many miles of relatively mountainous terrain. These trails can be used by foot and bicycle traffic only. As you traverse several peaks that rest within our 730 acres you should be aware of four things: 1. You are in the woods and could be as far as two miles from road access, 2. You are in someone else's home; i.e....insects (some poisonous), birds, snakes (some poisonous), deer, and many other wild animals who usually like to be left alone, 3. Our trails are maintained but relatively unimproved, in other words we leave natural rocks, roots, trees etc. that could injure, 4. We have unpredictable weather. In light of these things please plan ahead and prepare. We recommend maps, water, proper clothing and letting someone know where you are going.

### 3.2 Off Property:

- **SSBCC Wilderness Programs** - This particular curriculum is intended to offer individuals and groups the opportunity to grow and learn together in a dynamic outdoor setting. The primary purpose of the SSBCC Wilderness Program is two fold--first, to offer in depth and wide ranged wilderness, camp craft and mountain adventure skills, and second, to remove the many distractions this world offers in exchange for life changing commune with God! We hope to offer groups and individuals the opportunity to reflect on their surroundings as they develop the leadership skills needed to expand God's kingdom. You can expect to receive instruction and experience in backpacking, wilderness travel and camp craft, rock climbing and rappelling, river travel and hydrology, natural elements, rudimentary living skills, and various other outdoor "hard" skills. You will not only be living but exerting and stretching yourself in wilderness settings which are inherently unpredictable. Rocks, trees, steep terrain, weather, other people, and the like all put you at risk for unforeseen injury or loss.

### 3.3 Paintball:

- **Paintball** is another exciting and challenging team building program offered by SSBCC. All participants are outfitted with a mandatory protective face shield during play. Long pants, shirts and gloves are recommended but not required. Depending on program goals, you can expect to be facilitated through various exercises and scenarios that require your group to work quickly and efficiently to accomplish certain tasks. There is certainly a militaristic overtone that frames this particular activity but we encourage teams to work as a whole, discouraging "lone wolf" operations. You will be running, jumping, sliding, ducking and hiding in and on mountainous terrain that will be muddy, rocky, uneven, and possibly dangerous. You will also be carrying a paintball marker that uses compressed gas to propel small, lightweight plastic paint filled pellets towards your opponent. Yes, being hit by just such a paintball can be painful. However it is just painful enough to make you not want to get hit, but not so painful as to keep you from coming back for more round after round. It is just about the ideal degree of consequence to keep people both engaged and working together towards victory!

### 3.4 Waterfront:

- This activity includes all on property water based activities; i.e. ... pool, aqua jump, pedal boats, swimming etc. All SSBCC-sponsored aquatic activities will be supervised by trained lifeguards. You will be swimming, diving, wading, and paddling in open water. You will also be running, climbing and jumping on the SSBCC Aqua- Jump, Iceberg, etc. Due to the inherent risks involved with water activities, including possible drowning, we must ask that all poor and non-swimmers use a lifejacket. You will also be exposed to all the natural elements inherent to outdoor environments.

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( Insert Church/Organization Name)

MEDICAL FORM

Conference/Retreat Name \_\_\_\_\_ Date \_\_\_\_\_

Guest Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex (M/F) \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ SS # (Optional) \_\_\_\_\_
Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Separator line

Emergency Contact

Parent/Guardian \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Separator line

Health History

Please indicate any physical conditions that might limit your participation in any programs. This information may not exclude you from participation but gives imperative information to protect your health and safety. If you are unsure of any health issues please discuss this with your group leader.

Please list and give a brief but detailed description of any such condition:

Blank lines for health history description

Immunizations current? \_\_\_\_\_ If no explain \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Date of Last TB Skin Test \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Address & phone \_\_\_\_\_

Separator line

Medical Insurance

CompanyName \_\_\_\_\_

CompanyAddress \_\_\_\_\_

Company Phone \_\_\_\_\_ Group # \_\_\_\_\_ Contract \_\_\_\_\_

PrimaryInsured/PolicyHolder \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_

Separator line

I hereby give permission to the medical personnel selected by \_\_\_\_\_ to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by \_\_\_\_\_ to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off campus.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to administer over-the-counter medications if \_\_\_\_\_ deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_