

**PARTICIPANT AGREEMENT, ASSUMPTION, AND LIABILITY WAIVER**  
**(3 Pages, Due at Camp)**

***IMPORTANT! MUST BE COMPLETED FOR ATTENDANCE***

***\*\*Please use one form for each attendee\*\****

Event Name: Zona Camp  
Event Date(s): June 1-5, 2021  
Event Location: Glorieta Camps, Glorieta, NM

In consideration of Arizona Southern Baptist Convention, an Arizona nonprofit corporation and Glorieta 2.0 (collectively referred to as “Organizers”) allowing the undersigned or Participant, as the case may be, to participate in the Event and use the Organizers’ facilities and services, the undersigned agrees to the terms of this Participant Agreement, Assumption, and Liability Waiver (“Agreement”) on behalf of undersigned or Participant and undersigned or Participant’s marital community, if any; heirs and next of kin; legal and personal representatives, executors, administrators, and successors and assigns.

**1. Participant Information:**

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's: Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent or Guardian Name (if Participant is under 18): \_\_\_\_\_

Parent or Guardian Contact Number: \_\_\_\_\_

Emergency Contact Name and Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Participant’s Sponsor Church: \_\_\_\_\_

**[\*\*Please also Complete Zona Health Form\*\*]**

**2. Parent/ Guardian Authorization.** If Participant is a minor, undersigned as Participant’s legal guardian, hereby gives Participant permission to attend the Event and to participate in any of the Event’s activities.

**3. Health and Physical Condition.** Undersigned hereby agrees, warrants, and represents that:

a. undersigned is SOLELY RESPONSIBLE for ensuring Participant is sufficiently fit and healthy to participate in the Event;

b. Participant is in good health and in proper physical condition to participate in the Event; and

c. Participant will NOT use alcohol, illegal drugs, or prescription drugs which may impair Participant's ability to safely participate in the Event.

**4. Waiver of Liability; Indemnification.** To induce the Organizers to agree to permit Participant to attend and participate in the Event, undersigned freely and voluntarily releases, waives, acquits, and forever discharges Organizers and their related persons and entities from any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts, and expenses of any nature whatsoever, known or unknown, suspected or unsuspected, foreseen or unforeseen, matured or unmatured, which exist, have existed, or may arise from any matter whatsoever occurring, including, but not limited to, any claims arising out of or in any way related to Participant's or undersigned's participation in the Event and/or use of the Organizers' facilities and services, which undersigned or Participant have or hereafter may have, own, or hold against Organizers or their related persons or entities.

**5. Assumption of Known Risks.** To induce Organizers to agree to permit Participant to participate in the Event, undersigned on behalf of itself and Participant (i) acknowledge undersigned has considered and made an inquiry and investigation into all of the risks that might occur during participation in the Event, including those set forth below in this Paragraph 5; (ii) have objectives that justify the risks; and (iii) KNOWINGLY AND VOLUNTARILY ASSUME THE RISKS, which include, but are not limited to, personal and bodily injury, illness, death, and property loss or damage arising or resulting from:

- a. vehicular transportation out of state, vehicular transportation to local destinations, vehicular transportation in rented or owned vehicles, loss of luggage;
- b. recreational activities, swimming, athletic activities;
- c. meeting and evangelizing with and to other persons, attending indoor/outdoor events with large crowds;
- d. activities resulting in an increased heart rate or blood pressure;
- e. pushing, shoving, fighting, jostling, walking or running over uneven terrain;
- f. contact with other adults and children;
- g. allergies and stings and bites from contact with insects or plants or animals, food contamination and food allergens, exposure to the sun or extreme temperatures for a prolonged time, criminal activity, and malfunction of equipment and machines.

**6. Media Permission.** Participant may be photographed or videotaped prior to, during, or after the Event. Undersigned hereby grants a license and permission to Organizers, successors, assignees, licensees, and agents to utilize Participant's appearance, image, voice and likeness, in perpetuity, in any manner and form and format of media throughout the world, now known or hereafter devised, including, but not limited to, photographs, video, recordings, broadcasts, or web-casts of the Event.

**7. Medical Treatment Authorization.** Permission is hereby granted for any chaperone, any of the Organizers' staff, or adult present or in charge of first aid, to authorize and to obtain medical attention, hospitalization, or medication in case of sickness or injury to Participant. By signing below, undersigned acknowledges that the Organizers have undersigned's permission to make all medical/dental/surgical decisions regarding health care emergencies and to provide for medical care for Participant during the Event. The undersigned hereby accepts any and all financial obligations incurred as a result of such immediate medical treatment, and subsequent related costs.

**8. Code of Conduct.** Undersigned agrees undersigned or Participant will respect the beliefs of Organizers as taught at the Event and will do nothing by word or act that will disparage, diminish, ridicule, or detract from the Organizers. Undersigned or Participant agree to abide by the guidelines issued by the Organizers or other trip officials during the Event including, but not limited to, its prohibitions on:

- a. the use of nicotine, vaping, tobacco, alcohol, intoxicants, or illegal or illegally obtained drugs;
- b. pets, except for assisting the physically challenged;
- c. trespassing on private property; and
- d. possession or use of weapons, knives, firearm, or fireworks.

**9. Warranties, Representations, and Promises.** The undersigned hereby warrants, promises, represents, and certifies that:

- a. undersigned is Participant or legal guardian of the Participant with authority to sign or sign on behalf of Participant;
- b. undersigned has read this Agreement carefully, understand its terms and conditions, has had the opportunity to consult with an attorney regarding its provisions, acknowledges that Participant or undersigned is giving up substantial legal rights by signing it;
- c. undersigned signed this Agreement without any inducement, duress, or coercion;
- d. undersigned intends for undersigned’s signature to serve as confirmation of undersigned’s complete and unconditional acceptance of the terms, conditions, and provisions of this Agreement; and
- e. “Participant Information” listed in Paragraph 1 of this Agreement and on the Zona Health From is complete, true, and correct.

**10. Miscellaneous Provisions.** This Agreement represents the complete understanding between the parties regarding the Event. No oral representations, statements or inducements have been made apart from this Agreement. If a provision of this Agreement is held to be unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the enforceability of any remaining provisions. Each defined term used in this Agreement has a comparable meaning when used in its plural or singular form

By signing below undersigned openly confirms it understands it and agrees to be bound by it.

**I HAVE READ THE ABOVE WARNING, PARTICIPANT AGREEMENT, ASSUMPTION, AND LIABILITY WAIVER. I FULLY UNDERSTAND ITS CONTENTS, AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HEREBY SIGN IT VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Special Medical Requirements**

**Significant Allergies**

### Zona Health Form

(Page 1 of 2, Due at Camp)

Health forms are required for every person attending Zona Camp; the Arizona Southern Baptist Convention and Glorieta 2.0 require this.

You will turn in the originals to the Health Office at registration. **The church should keep a set of copies with them in case they are needed.**

#### ZONA CAMP/BIOLA UNIVERSITY HEALTH FORM

Zona Experience  Mission Life  Worship Catalyst  Impact

Name of your church \_\_\_\_\_ City \_\_\_\_\_

Participant Name \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Home or Work Phone \_\_\_\_\_

Home Address (Please include City, State, Zip) \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

First Call- Mother or Father \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to \_\_\_\_\_  
Home Address (Please include City, State, Zip) \_\_\_\_\_

\*\*\*\*\*

HEALTH CONDITION: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_

Please list any health or medical information about camper that we should know: \_\_\_\_\_

Date of last immunization: \_\_\_\_\_

DPT or TD \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps \_\_\_\_\_

Please list camper's allergies (food, medication, insects, other): \_\_\_\_\_

IMPORTANT: Do you carry medical/hospital insurance? \_\_\_\_\_

If so, indicate: \_\_\_\_\_

Carrier \_\_\_\_\_ Policy or Group number \_\_\_\_\_

Name of family physician \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE NOTE: Individual Insurance is primary; church insurance is secondary.**

**OVER-THE-COUNTER MEDICATION PERMIT**

Following is a list of over-the-counter medications. Please select any item you would **not** want used for your child.

Tylenol  
(Acetaminophen)

Pepto-Bismol

Loperamide

Colace

Lidocaine

Robitussin

Benadryl

Betadine for wound care

Neosporin for wound  
care

Hydrocortisone Ointment

Throat lozenge

Tums

MiraLAX

Motrin (Ibuprofen)

Claritin

Sports Mineral Drink

Camphophenique

Hydrogen Peroxide for wound  
care Zicam

Aleve (Naprosyn)

**Below to be filled out if camper is bringing prescription medication to camp**

I hereby request that the below-listed medication(s) be given to my child. **This will be handled by one of the leaders from my child’s own church group, unless otherwise requested.**

Below is complete information for each medication my child is bringing to camp. I understand and agree that all medication must be in original container with prescription instructions in my child's name.

NAME OF MEDICATION	DOSAGE	FREQUENCY	WHAT IT IS FOR

**AUTHORIZATION TO MEDICATE MINOR CAMPER OR STAFF MEMBER**

Signed \_\_\_\_\_  
(Parent or Guardian and Date)

## ZONA CAMP COVID POLICIES

Church Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

I acknowledge that my child will be required to wear a mask (properly, over the nose and mouth) at all times during camp, except while eating.

I will ensure that my child brings enough masks to compensate for broken or soiled masks due to recreation and daily activities. Zona Camp recommends 2 masks per day.

I acknowledge that my child may not attend Zona camp if they or anyone in our household has COVID symptoms or has been recently exposed to someone they believe to have COVID.

I understand that if my child displays COVID like symptoms while at Zona Camp, they will be isolated from the group and I will work with my church leaders to remove them from Glorieta's campus within 24 hours.

I understand that no refunds will be available if my child is sent home early due to COVID like symptoms.

I will make every attempt to ensure my child is hydrated and well rested prior to attending Zona Camp to help combat any altitude sickness that may occur and understand that altitude sickness may have many of the same symptoms as COVID and can be easily misidentified.

Name of Parent or Guardian

Signature of Parent or Guardian