

HEAVENBOUND MINISTRIES & COOP CAMP

414 Bolton Road Goodwater, AL 35072

2026 PARTICIPATION AGREEMENT -RELEASE OF -LIABILITY, ASSUMPTION OF RISK, AND MEDICAL AUTHORIZATION

IN CONSIDERATION of being permitted to participate in the activities, programs, and events of HEAVENBOUND MINISTRIES & COOP CAMP (the "Camp") for the 2026 calendar year, I, the undersigned (for myself and/or as the legal guardian of the minor participant(s) listed below), agree to the following:

1. Recognition of Risks: I acknowledge that camp activities—which may include, but are not limited to, outdoor recreation, sports, water activities, transportation, and communal living—involve inherent risks. These risks include physical injury, illness (including communicable diseases such as Varicella-zoster virus/chicken pox, COVID-19, or influenza/flu), permanent disability, or death. I certify that the participant is in good health and physically able to participate.

2. Assumption of Risk: I voluntarily assume all risks, both known and unknown, even if arising from the negligence of the "Releasees" (defined below) or others and assume full responsibility for my/the participant's participation. I agree that if I observe any unusual or significant hazard during my presence or participation, I will remove myself/the participant from the activity and bring such to the attention of the nearest official immediately.

3. Release and Waiver of Liability: I hereby release, waive, and forever discharge HEAVENBOUND MINISTRIES, its officers, directors, employees, volunteers, agents, and the owners/lessors of the premises (the "Releasees") from any and all liability, claims, or causes of action arising out of any loss, damage, or injury, including death, that may be sustained by me or the participant, INCLUDING ANY CLAIM BASED ON THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

4. Indemnification and Hold Harmless: I agree to indemnify and hold the Releasees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, brought as a result of my or the participant's involvement at Camp.

5. Medical Treatment and Insurance: In the event of an emergency, I hereby authorize Camp staff to secure medical treatment, including hospitalization or surgery, for the participant. I understand that I am responsible for all costs related to medical treatment and that the Camp does not provide primary medical insurance for participants.

6. Media Release: I grant Heavenbound Ministries permission to use photographs, videos, or audio recordings of the participant for promotional or educational purposes without compensation.

7. Severability: I expressly agree that this agreement is intended to be as broad and inclusive as permitted by law. If any portion is held invalid, the remainder of the agreement shall continue in full legal force and effect.

PARTICIPANT NAME(S): _____

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____

WITNESS SIGNATURE: _____

WITNESS NAME: _____ **DATE:** _____

EMERGENCY PHONE: _____ **ALT PHONE:** _____

INSURANCE PROVIDER: _____ **POLICY #:** _____