



Participant Agreement & Liability Release

Participant's Name _____

Address _____

City, State, Zip _____

Home Phone (____) _____ Date of Birth _____

Allergies _____

Additional Health Information _____

I give my permission to Appalachian Christian Camp for medical treatment to be administered in such case as deemed necessary by a trained medical professional. I accept and assume all risks associated with recreation activities, including but not limited to swimming, climbing on the indoor rock climbing wall, and participating in ropes course activities, and I hereby release Appalachian Christian Camp of all liability from injuries that might occur during these and all other activities. I understand that Appalachian Christian Camp provides secondary insurance for any injuries that occur during camp activities. I release all photos, videos and audiotapes of myself to Appalachian Christian Camp for promotional purposes. I certify the information on this form to be true.

(Signature of Participant)

(Date)

**NOT VALID FOR THOSE UNDER THE AGE OF 18.
THERE IS A SEPARATE FORM FOR MINORS.**