

## RELEASE OF LIABILITY FORM

IN CONSIDERATION of the risk of injury while participating in **GCCI Abide Youth Summer Retreat @ Forest Home Christian Camp** (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge **Great Commission Church International**, located at **16152 Gale Ave, Hacienda Heights, California 91745**, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical, or emotional loss, that I may suffer as a direct or indirect result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I. **I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

II. I agree to indemnify and hold harmless Great Commission Church International against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Great Commission Church International incurs any of these types of expenses, I agree to reimburse Great Commission Church International.

III. I acknowledge that Great Commission Church International and their directors, officers, employees, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Great Commission Church International.

IV. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Great Commission Church International AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Great Commission Church International FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

V. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Great Commission Church International, its agents, and employees.

VI. In the event that I should require medical care or treatment, I hereby give a representative from Great Commission Church International permission to act on my behalf to secure any hospitalization or medical services deemed necessary and appropriate. Great Commission Church International has my permission to obtain emergency treatment at the expense of myself and/or my insurance company. I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

VII. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant and Great Commission Church International agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted altering or explaining the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into. In the event that any provision contained within this Release of Liability Form shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

Participant Name (First & Last)

Date

Parent / Legal Guardian (Print)

Parent / Legal Guardian (Signature)

## MEDICAL AND INSURANCE INFORMATION FORM

### Participant and Emergency Contact Information

Participant Name (First, Middle Initial, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

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

Daytime Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Alternate Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

### Health Insurance Information

Insurance Company: \_\_\_\_\_ Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Insurance ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

Clinic Name (If Applicable): \_\_\_\_\_ Doctor Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

### Medical and Allergy Information

Existing Medical Conditions

\_\_\_\_\_

Allergies

\_\_\_\_\_

Medications and Relevant Dosages

\_\_\_\_\_

☐ I have an Epi-Pen and will be bringing it on this event.

### COVID-19 Vaccination Information

Have you received the COVID-19 vaccination as of today? ☐ Yes ☐ No

If yes, please mark the most recent vaccine you received:

☐ Pfizer Dose 1 ☐ Pfizer Dose 2 ☐ Moderna Dose 1 ☐ Moderna Dose 2 ☐ Johnson & Johnson

Date of most recent COVID-19 vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_

By filling out and submitting this form, I acknowledge that it is not the responsibility of **Great Commission Church International** to cover any medical expenses that may be incurred by my participation in this event. By signing below, you are agreeing to be financially responsible for any and all expenses for medications, medical services, and/or procedures which may result from your participation in this event.

\_\_\_\_\_  
Participant Name (First & Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian (Print)

\_\_\_\_\_  
Parent / Legal Guardian (Signature)

## DIGITAL MEDIA RELEASE FORM

I, \_\_\_\_\_, hereby grant permission to **Great Commission Church International**, located at **16152 Gale Avenue, Hacienda Heights, CA 91745**, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, and/or distributed and waive the right to inspect, approve, or alter the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio, or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations
- News Broadcasts
- Website Graphics
- Online/Internet Videos
- Media
- Print

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or displayed in print. I also acknowledge that I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed or used according to the uses listed above. This release applies to the photographic, audio, or video recordings collected as part of the **GCCI Abide Youth Summer Retreat** taking place from **July 30, 2021** to **August 01, 2021** at **Forest Home Christian Camp, Forest Falls, CA.**

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Great Commission Church International and their directors, officers, employees, volunteers, representatives, and agents. I hereby release any and all claims against any person(s) or organization(s) utilizing this material for the aforementioned purposes.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant and Great Commission Church International agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted altering or explaining the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into. In the event that any provision contained within Digital Media Release Form shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

## EVENT PAYMENT FORM

### Participant and Payment Information

Participant Name (First, Last): \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_.

### Payment Instructions

- The payment needs to be received by a retreat staff member before **SUNDAY, JULY 11, 2021**
- The payment needs to be either in cash or check payable to **GCCI**
- The amount listed above is the total amount you will need to pay in order to attend the event listed below
- Retreat fees are calculated at the end of the retreat. Any amount you pay now is an estimated amount to cover all the related costs and expenses of the trip.
- Retreat fees paid cover the following expenses: Retreat Housing & Food at Camp, Transportation Costs, Additional Activities at Retreat

By signing below, I acknowledge that I have read the information above and promise to pay the amount mentioned above by **July 11, 2021**. I understand that if I do not pay the amount by the date above, I will forfeit my spot in the retreat.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Parent / Legal Guardian Name (Print)

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*Staff: Upon receiving payment, detach bottom portion and keep with payment. Top portion is a receipt for the payee.*

### FOR RETREAT STAFF USE ONLY

Event Name: GCCI Abide Youth Summer Retreat Event Dates: 07 / 30 / 2021 - 08 / 01 / 2021

Participant Name (First, Last): \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_.

☐ Participant is a Sibling ☐ Participant is a Staff Member Payment Type: ☐ Cash ☐ Check # \_\_\_\_\_

Payment Received By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_