

TWO THOUSAND TWENTY-ONE

IDENTITY

MISSOURI YOUTH FELLOWSHIP

LOCATION:

EAGLE SKY CAMP

1 EAGLE SKY DRIVE

PIEDMONT, MO 63957

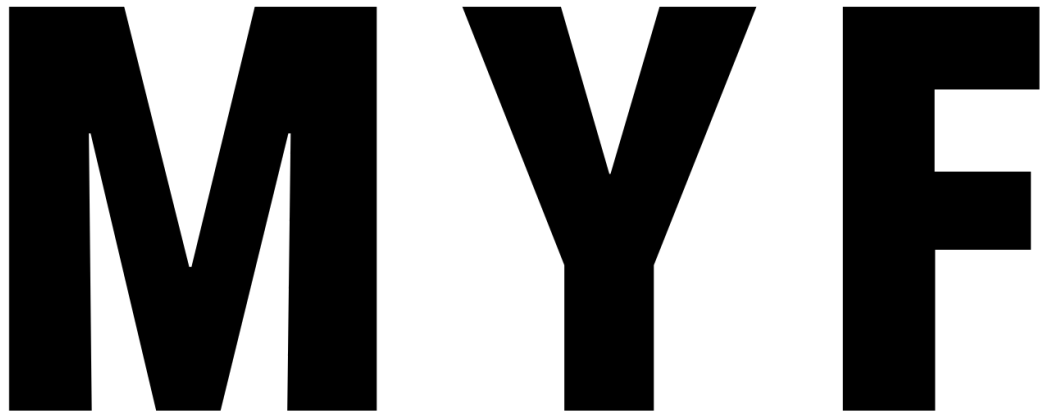
DATES:

NOVEMBER 19-21

REGISTRATION:

\$200 (FOOD/HOUSING/EVENT)





PARTICIPANT INFORMATION

FIRST NAME _____ LAST NAME _____

DOB _____ GRADE _____ GENDER MALE FEMALE

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERSONAL EMAIL _____

HOME CHURCH _____

YOUTH PASTOR/LEADER _____

PARTICIPANT LIABILITY & RELEASE AGREEMENTS

NAME OF PARTICIPANT (PLEASE PRINT) _____

DOB _____ GRADE _____ GENDER : MALE ☐ FEMALE ☐

LIABILITY RELEASE AGREEMENT

I/WE, THE UNDERSIGNED, UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED AT ANY CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY, AND I/WE HEREBY RELEASE MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUTH FELLOWSHIP (MYF), AND THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM, THEIR STAFF AND VOLUNTEER WORKERS FROM ANY AND ALL LIABILITY DUE TO INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY THAT MAY OCCUR DURING THE COURSE OF MY/OUR/THEIR INVOLVEMENT WITH MYF. I/WE UNDERSTAND THAT DURING THE WEEKEND THE PARTICIPANTS MAY BE PHOTOGRAPHED OR RECORDED AND I/WE AUTHORIZE AND AGREE TO MISSOURI MINISTRIES OF THE CHURCH OF GOD, MYF, AND THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM'S UNRESTRICTED USE, REUSE AND DISTRIBUTION OF IMAGES AND RECORDINGS INCLUDING BUT WITHOUT LIMITATION FOR PURPOSES OF PROMOTING AND PUBLICIZING FUTURE CAMPS, CONVENTIONS, EVENTS OR CONFERENCE ACTIVITIES. I/WE UNDERSTAND THAT THE USE OF SUCH MATERIALS WILL BE WITHOUT COMPENSATION OR MY/OUR/THEIR APPROVAL RIGHTS ANY TIME THEREAFTER.

DISCIPLINE & TRANSPORT AGREEMENT

I/WE, THE UNDERSIGNED, AS THE PARENT(S) HAVING LEGAL CUSTODY OR THE LEGAL GUARDIAN(S) OF THE ABOVE NAMED PARTICIPANT, A MINOR, HAVE GIVEN MY/OUR CONSENT FOR HIM/HER TO ATTEND THIS CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY WITH MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUTH FELLOWSHIP (MYF), AND/OR THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM, OR ARE OF LEGAL CONSENTING AGE MYSELF. I/WE UNDERSTAND THAT A MEMBER OF THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM STAFF OR VOLUNTEER WORKER OF THAT GROUP MAY NEED TO SEND A STUDENT HOME AS A RESULT OF ILLNESS, DISCIPLINE ISSUES OR POLICY VIOLATION. I/WE UNDERSTAND IF THE PARTICIPANT NAMED ABOVE IS DISMISSED FROM CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY, I/HE/SHE WILL BE TRANSPORTED HOME AT MY/OUR/THEIR PERSONAL EXPENSE. MISSOURI MINISTRIES OF THE CHURCH OF GOD, MYF, THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM, AND/OR A VOLUNTEER WORKER WILL ATTEMPT TO CONTACT THE PARENT(S) OR GUARDIAN(S) TO CONTACT THE PARENT(S) OR GUARDIAN(S) TO ARRANGE SUCH TRANSPORTATION. I/WE UNDERSTAND THERE WILL BE NO REIMBURSEMENT OF FUNDS FOR THE CAMP, CONVENTION, EVENT, CONFERENCE ACTIVITY, OR THE TRANSPORTATION NEEDED TO GET ME/HIM/HER HOME.

MEDICAL RELEASE AGREEMENT

I/WE, THE UNDERSIGNED, AS THE PARENT(S) HAVING LEGAL CUSTODY OR THE LEGAL GUARDIAN(S) OF THE ABOVE NAMED PARTICIPANT, A MINOR, HAVE GIVEN MY/OUR CONSENT FOR HIM/HER TO ATTEND THIS CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY WITH MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUTH FELLOWSHIP (MYF), AND/OR THE HOME CHURCH LISTED IN MY/THEIR REGISTRATION FORM, OR ARE OF LEGAL CONSENTING AGE MYSELF. IN THE EVENT THAT I/HE/SHE AM/ARE INJURED WHILE ATTENDING THE CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY AND REQUIRES THE ATTENTION OF MEDICAL PERSONNEL, I/WE CONSENT TO ANY REASONABLE MEDICAL TREATMENT AS DEEMED NECESSARY BY A QUALIFIED MEDICAL PROFESSIONAL. IN THE EVENT TREATMENT IS CALLED FOR, WHICH A MEDICAL PROFESSIONAL AND/OR HOSPITAL PERSONNEL REFUSES TO ADMINISTER WITHOUT MY/OUR CONSENT, I/WE HEREBY AUTHORIZE AN ADULT LEADER OF MISSOURI MINISTRIES OF THE CHURCH OF GOD, MYF, AND/OR THE HOME CHURCH LISTED IN MY/THEIR REGISTRATION FORM TO GIVE CONSENT FOR ME/US. I/WE AGREE TO RELEASE AND HOLD THEM HARMLESS OF ANY CLAIMS, DEMANDS OR SUITS FOR DAMAGES ARISING FROM THE GIVING OF SUCH CONSENT SO LONG AS THE TREATMENT IS ADMINISTERED BY OR UNDER THE SUPERVISION OF A MEDICAL PROFESSIONAL. I/WE ALSO ACKNOWLEDGE THAT I/WE WILL BE ULTIMATELY RESPONSIBLE FOR THE COST OF ANY AND ALL MEDICAL CARE SHOULD THE COST OF THAT CARE NOT BE REMISED BY THE HEALTH INSURANCE CARRIER. FURTHER, I/WE AFFIRM THAT THE HEALTH INSURANCE INFORMATION PROVIDED BELOW IS ACCURATE AT THIS DATE AND WILL, TO THE BEST OF MY/OUR KNOWLEDGE, STILL BE IN FORCE AT THE CAMP OF THIS CAMP, CONVENTION, EVENT OF CONFERENCE ACTIVITY. IF NOT HEALTH INSURANCE CARRIER/INFORMATION IS PROVIDED, I/WE WILL TAKE FULL RESPONSIBILITY FOR ANY AND ALL MEDICAL COSTS ACCUMULATED BECAUSE OF THE INJURY.

PARTICIPANT MEDICAL FORM

EMERGENCY CONTACT INFORMATION **(PLEASE PROVIDE TWO):**

FULL NAME (PLEASE PRINT) _____

RELATIONSHIP TO PARTICIPANT _____

CELL NUMBER _____

HOME/WORK NUMBER _____

HOME ADDRESS (IF DIFFERENT FROM REGISTRATION) _____

CITY _____

STATE _____

ZIP _____

FULL NAME (PLEASE PRINT) _____

RELATIONSHIP TO PARTICIPANT _____

CELL NUMBER _____ HOME/WORK NUMBER _____

HOME ADDRESS (IF DIFFERENT FROM REGISTRATION) _____

CITY _____ STATE _____ ZIP _____

INSURANCE/GENERAL HEALTH

INSURANCE COMPANY _____ SS# _____ — _____ — _____

POLICY NUMBER _____ GROUP NUMBER _____

DOES THIS PARTICIPANT HAVE ANY ALLERGIES OR HANDICAPS THAT WE NEED TO BE MADE AWARE OF? IF SO, PLEASE DESCRIBE:

IS THERE ANY PRESENT OR PAST MEDICAL HISTORY INFORMATION THAT MIGHT BE HELPFUL TO KNOW?

IS THIS PARTICIPANT NEEDING AND/OR TAKING ANY MEDICATIONS AT THIS TIME?

YES

☐

NO

☐

IF SO, PLEASE EXPLAIN:

NAME OF MEDICATION	REASON NEEDED	DOSAGE/TIME(S) TO TAKE THE MEDICATION

DATE OF LAST TETANUS BOOSTER:

I/WE, THE UNDERSIGNED, UNDERSTAND AND ACKNOWLEDGE THAT PARTICIPATION WITH MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUTH FELLOWSHIP, AND/OR THE HOME CHURCH LISTED IN MY/THEIR REGISTRATION FORM AT A CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY IS CONTINGENT UPON COMPLIANCE WITH ALL THE POLICIES STATED ABOVE: LIABILITY RELEASE AGREEMENT, DISCIPLINE & TRANSPORT AGREEMENT, AND THE MEDICAL RELEASE AGREEMENT.

STUDENT PARTICIPANT

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

-- OR --

ADULT (18+) PARTICIPANT

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

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MYF

2021 Acknowledgment, Assumption of Risk, Release, Waiver of Liability, and Indemnification Agreement Related to COVID-19

In consideration of Missouri Youth Fellowship (MYF), Eagle Sky of the Ozarks Christian Camp (Eagle Sky), and Missouri Ministries of the Church of God (MOMIN) permitting use of, or participation of any activities taking place on, the Eagle Sky of the Ozarks Christian Camp premises, I hereby agree as follows:

1. I acknowledge that MYF, Eagle Sky, and MOMIN are taking reasonable precautions to mitigate the risk of potential exposure to COVID-19. I understand that MYF, Eagle Sky, and MOMIN cannot guarantee that such risks will be eliminated entirely, as COVID-19 may spread through multiple pathways. I also understand the health risks associated with COVID-19 infection including potential exposure to others including family members.
2. I understand that MYF, Eagle Sky, and MOMIN reserve the right to segregate, remove, and/or quarantine me for COVID-19 reasons and/or take reasonable steps to maintain and protect the health and welfare of MYF, Eagle Sky, and MOMIN staff and others present.
3. I, to my knowledge, (A) am not currently infected with COVID-19, (B) have not been exposed to a person presumed or confirmed to have COVID-19 within the fourteen days preceding my arrival at MYF and Eagle Sky, and (C) am free of any signs and symptoms of COVID-19 (which may include fever, a dry cough, excessive fatigue, shortness of breath). I represent I will notify MYF, Eagle Sky, and MOMIN of any change in my medical status that occurs through the duration of presence at MYF and Eagle Sky.
4. I HEREBY VOLUNTARILY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL CLAIMS AGAINST MYF, EAGLE SKY, MOMIN, AND THEIR EMPLOYEES AND REPRESENTATIVES THAT RELATE IN ANY WAY TO COVID-19, INCLUDING BUT NOT LIMITED TO ANY CLAIM ARISING FROM OR RELATING TO MY EXPOSURE TO, INFECTION WITH, OR OTHER HARM RELATED TO COVID-19 WHILE AT MYF AND EAGLE SKY, AND ALSO INCLUDING HARM RELATING TO MY SPREAD OF COVID-19 TO OTHERS INCLUDING FAMILY MEMBERS. I FURTHER AGREE TO REIMBURSE MYF, EAGLE SKY, AND MOMIN FOR ATTORNEY FEES INCURRED RELATED TO ENFORCING THIS WAIVER PROVISION.
5. I agree to indemnify and hold harmless MYF, Eagle Sky, and MOMIN from and against any liabilities, claims, causes of action, suits, losses, fines, judgments, settlement, and expenses (including reasonable attorney fees) which may be incurred by MYF, Eagle Sky, and/or MOMIN as a consequence of my exposure to COVID-19 resulting in the illness of infection of a third-party.
6. I also agree to participate in the wellness measures prescribed by MYF, Eagle Sky, and MOMIN for the duration of my visit to MYF and Eagle Sky. Such measures may include: daily bodily temperature measurements, practicing good hygiene, maintaining a safe social distance of six feet between others, wearing a protective face covering when indoors and/or a safe social distance cannot be kept, certain lodging requirements, and certain dining requirements.
7. I acknowledge that I may be asked to leave or pick up my child in attendance early, if I or my child show self-identified or MYF, Eagle Sky, and/or MOMIN medical have identified COVID-19 symptoms.
8. This acknowledgment is intended to supplement (not replace) other agreement, requirements, rule or regulations.

I have read this Acknowledgment, Assumption of Risk, Release, Waiver of Liability, and Indemnification Agreement Related to COVID-19, fully understand its terms, understand that I have given up significant rights by signing it, and sign it freely and voluntarily without any inducement, and I agree to be bound by its terms.

Name (Print): _____ Date: _____

Signature: _____
(Minors must be endorsed with a parent/legal guardian signature)



PARTICIPANT RELEASE OF LIABILITY AND MEDIA USAGE AUTHORIZATION 2021

This agreement ("Agreement") is hereby made between Eagle Sky of the Ozarks (hereinafter "Eagle Sky") and

Participant Name (Please Print) _____ (hereinafter "Participant")

Address: _____ City _____ STATE _____ Zip _____

Organization Name: _____

In consideration of being allowed to participate in any program, related events, and activities, INCLUDING BUT NOT LIMITED TO WATER ACTIVITIES, HIKING TRAILS, ROPES COURSE, AND BALL FIELD ACTIVITIES ("Programs") at Eagle Sky, I, the undersigned Participant, acknowledge and agree that:

1. The risk of injury from the activities involved in this program is significant. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, including that which arises FROM THE NEGLIGENCE OF THE Participant, Eagle Sky, or others, and assume full responsibility for my actions;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Eagle Sky official immediately and;
4. I, the Participant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS EAGLE SKY, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF Eagle Sky or their agents and employees or similar, to the fullest extent permitted by law; and
5. I understand that photographs and video footage taken as a result of participation in the event may be used in Eagle Sky materials, publications and/or posted to the Internet. By signature below, I hereby grant world-wide, perpetual license of my image and agree to waive any right to inspect or to approve the materials that Eagle Sky may choose to publish in any manner.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND that I, BY freely and voluntarily signing this Agreement acknowledge the risk associated with participation.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, the undersigned, as a parent/guardian with legal responsibilities for the Participant, hereby do consent and agree to his/her release as stated above, and, for myself, my heirs, assigns, and next of kin, I agree to indemnify and hold harmless Eagle Sky for all incidents involving my minor child's participation in the Programs to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)