

# 2021 KIDS456 Volunteer Personnel Application

\$ 65 Registration Fee

**CHURCH NAME** \_\_\_\_\_ City \_\_\_\_\_ Email \_\_\_\_\_  
 Street /Mailing Address \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Ph \_\_\_\_\_

**Senior Pastor Reference:** How long have you know applicant? \_\_\_\_\_ In what type of relationship? \_\_\_\_\_  
 Do you recommend applicant to work at this retreat? \_\_\_\_\_ Any information that would be helpful to us? \_\_\_\_\_  
 I affirm that if I know or learn of anything that might affect this applicant's suitability for serving at Alabama Assemblies of God KIDS456 that should be communicated privately, I will immediately contact the C.E. Director and communicate all relevant information to him. ( 334.279.7172 ext.4)

**SENIOR PASTOR SIGNATURE** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

## ADULT PERSONNEL INFORMATION (Please PRINT clearly in black or dark blue ink.)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_ SSN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth (MANDATORY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender (at birth): \_\_M \_\_F Consent for Security Check(MANDATORY): \_\_Yes \_\_No

<b>Ministry Position:</b>	Position you hold _____	How Long? _____
	Where? _____	City _____ State _____ Zip _____

Have you worked Alabama AG Kids Camp before? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_ Another camp? \_\_\_\_\_ Camp Name \_\_\_\_\_  
 Do you use tobacco? \_\_YES \_\_NO Do you drink alcoholic beverages? \_\_YES \_\_NO Do you use illegal non-prescription drugs? \_\_YES \_\_NO  
 Do you have physical conditions preventing you from performing certain types of activities? If so, explain. \_\_\_\_\_  
 Are you known to be a carrier of any contagious disease or virus? If yes, explain. \_\_\_\_\_  
 Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If yes, explain \_\_\_\_\_

## HEALTH HISTORY AND MEDICAL TREATMENT AUTHORIZATION

### EMERGENCY CONTACT INFORMATION Please print clearly, listing three contacts in order of preferred contact.

Emerg. Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emerg. Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### PHYSICIANS INFORMATION:

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

#### INSURANCE INFORMATION: (Mandatory)

INSURANCE CO. \_\_\_\_\_  
 GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_ Does the participant have any of the health issues below? Please check all that apply.

Are Immunizations current? \_\_YES \_\_NO

Permission given for the following over-the-counter medications to be given to participant as needed, as directed per age/weight: Please check \_\_Acetaminophen, \_\_Ibuprofen \_\_Benadryl \_\_Zyrtec 10mg \_\_Antibiotic Ointment \_\_Antacid (Tums) \_\_Pepto Bismol \_\_Emetrol

Any medications (prescription and /or over-the counter, vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original

	CONDITION	YES	NO	TREATMENT		CONDITION	YES	NO	TREATMENT
1	Asthma			Inhaler? Yes No	7	Bleeding			
2	Diabetes				8	Bee Sting Allergy			Epi Pen? Yes No
3	Epilepsy/Seizures				9	Peanut/Nut Allergy			Epi Pen? Yes No
4	Heart Condition				10	Other Food Allergy			Epi Pen? Yes No
5	Orthopedic				11	Drug Allergy			Epi Pen? Yes No
6	Fainting				12				

### MEDICAL TREATMENT AUTHORIZATION

I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I, the Participant understand and authorize the calling of a doctor and the providing of necessary medical services in the event I, the Participant is injured or becomes ill. I do authorize any or more of the following persons to administer medications or treatment needed, and/or to make emergency medical care decisions on behalf of me, the Participant, if required by law or a health care provider.

I, the Participant, understand that Springville Camp and Conference Center, the Alabama Ministry Network of the Assemblies of God KIDS456 or the Alabama Ministry Network of the Assemblies of God, or any of its agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of authorization. I hereby agree to hold harmless, defend and indemnify the Alabama Ministry Network of the Assemblies of God KIDS456, Springville Camp and Conference Center, the Alabama Ministry Network of the Assemblies of God, its parents, subsidiaries and affiliates, board members, officers, employees, agents, and volunteers from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of the Alabama Ministry Network of the Assemblies of God KIDS456, Springville Camp and Conference Center, or the Alabama Ministry Network of the Assemblies of God (collectively claims) that may be asserted by anyone and that has any relation to the Participant. It is my express intention to defend, indemnify and hold harmless the Alabama Ministry Network of the Assemblies of God KIDS 456, Springville Camp and Conference Center and the Alabama Ministry Network of the Assemblies of God from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant. I agree to notify Alabama Assemblies of God KIDS 456 in the event of any health changes which would restrict me, the Participant's participation in any activities. I also understand that the Alabama Ministry Network of Assemblies of God KIDS456 representative(s) reserve the right to restrict me, the Participant from any activity for any reason.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: (spouse): \_\_\_\_\_ DATE: \_\_\_\_\_

# PARTICIPANT CONSENT ADULT (Please read completely and sign all THREE waivers below.)

**PARTICIPANT NAME:** \_\_\_\_\_

IN CONSIDERATION of the participation in the activities listed below on the date above and at location named below (herein the activity):

I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I hereby represent that : (i) I am in good health and in proper physical condition to participate in the Activity, and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks and dangers which include outdoor activities in which the participant may be subject to bites from insects, mosquitoes, ticks, spiders, and or snakes. Activities include rock wall climbing, basketball, volleyball, swimming in pool, canoeing, paddle boats, water inflatables which include the blob, jungle joe, water trampoline, aqua glide, rock-it, log roll, and wet willie (water slide), zip-line into lake, (life jackets required for all lake activities and certified lifeguards always on duty) zip line across lake, recreational games (relay race style, tug of war, slip n' slide, etc.) which may include water and mud. I hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, I certify that Participant is physically able and adequately trained to participate in such events, specifically swimming, without limitation, and understand that there is risk and danger for serious bodily injury, permanent disability, paralysis, death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of The Alabama Ministry Network of the Assemblies of God KIDS456, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). I understand these Risks may be caused in whole or in part by Participant's own actions or in actions, the actions or inactions of others participating in the Activity, and I hereby expressly assume all Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity. I also accept sole responsibility for my own conduct and actions while participating in the Activity, and the condition and adequacy of my equipment.

I understand and agree that if, during my participation in the Activity, the Alabama Ministry Network of the Assemblies of God KIDS456 becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, those in charge have my permission to contact my provided "emergency contact".

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME

## GENERAL RELEASE AND ASSUMPTION OF RISK: PARTICIPANT NAME: \_\_\_\_\_

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING MY PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE ALABAMA MINISTRY NETWORK OF THE ASSEMBLIES OF GOD KIDS456, SPRINGVILLE CAMP AND CONFERENCE CENTER AND THE ALABAMA MINISTRY NETWORK OF THE ASSEMBLIES OF GOD, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS, AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge I am giving up substantial legal rights by signing it, (including the rights of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity Agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of State of Alabama, which shall be the forum for any lawsuits filed under or incident to this Agreement or the above described activities.

I HEREBY ACCEPT THE ABOVE TERMS

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME

## PHOTOGRAPH & VIDEO RELEASE: PARTICIPANT NAME: \_\_\_\_\_

I, the Participant, hereby grant the Alabama Ministry Network of the Assemblies of God KIDS456, Springville Camp and Conference Center, and the Alabama Ministry Network of the Assemblies of God permission to the rights of Participant's image, likeness, and sound of Participant's voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and we hereby waive the right to inspect or approve the finished product wherein I, the Participant's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of Participant's image or recording.

I, the Participant, agree that Alabama Ministry Network of the Assemblies of God KIDS 456, Springville Camp and Conference Center and the Alabama Ministry Network of the Assemblies of God may use such images of me with or without my name and for any lawful purpose, including for such purposes as publicly, illustration, advertising, and web content.

I, the Participant, understand there is no time limit on the validity of the release nor is there any geographic limitation on where these materials may be used and or distributed.

I, the Participant, have completely read and fully understand this release and agree to be bound thereby. It is my express intention to defend, indemnify and hold harmless the Alabama Ministry Network of the Assemblies of God KIDS 456, Springville Camp and Conference Center, and the Alabama Ministry Network of the Assemblies of God from any and all claims arising out of my image, likeness, sound.

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME

Personal References:		
Name _____	Address _____	Phone _____
Comments : _____		
Name _____	Address _____	Phone _____
Comments : _____		

**Application and a \$65 registration fee by check or Online payment is due by Monday, February 8, 2021 to: Alabama AG ♦ Christian Education Department ♦ 5919 Carmichael Road ♦ Montgomery, AL 36117. A late fee of \$10 will be charged if payment is received after that date.**

**Alabama AG KIDS456 is held at Springville Camp & Conference Center, 3886 Mountain View Road, Odenville, AL 35120 and is open to all persons, regardless of race, creed or color.**

