 RELEASE WAIVER

Families may put all names on one form with BOTH parents signing.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In being allowed to participate in the Locust Springs Christian Retreat Center (LSCRC) Camp Program and activities associated with its program and location, I assume full responsibility for my actions.

I release LSCRC, First Church of God (Greeneville, TN), its staff, trustees, employees, volunteers, and agents from liability, loss, injury or damage to my property or myself.

Nothing contained herein shall excuse LSCRC, its staff, trustees, employees, volunteers or agents from responsibility to act with reasonable care for the safety of my property or myself.

I hereby release LSCRC, First Church of God (Greeneville, TN), its staff, trustees, employees, volunteers, agents or sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity. I agree to accept full responsibility for payment of any medical cost which may arise as a result of the trip to LSCRC.

In the event of an emergency, I hereby authorize an adult leader of this activity (affiliated with LSCRC or my group) as an agent of me, to consent on my behalf to medical treatment. In this regard I consent to allow said adult to authorize medical, dental, or surgical diagnosis; X-ray examination; treatment including surgery, and hospital care for me if needed and if advised and supervised by a licensed physician, surgeon or dentist.

Initial \_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent of Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*If under 18 yrs of age)*

**Handbook**

I have read and agree to the LSCRC handbook. Initial \_\_\_\_\_\_\_

Lake/Canoes/Moses Pavilion Expectations

In using the lake area at LSCRC, I agree to the following (please initial)

\_\_\_\_\_ Life jackets **will** be worn by **ALL boaters and passengers**. If you are

on or in the water, a life jacket **MUST** be worn.

\_\_\_\_\_ Canoes and lifejackets will be put back properly.

\_\_\_\_\_ All visitors to the lake **MUST** check in at the retreat office.

\_\_\_\_\_ Hours are Dawn to Dusk. No exceptions – please don’t ask!

**\_\_\_\_\_ NO** alcoholic beverages or illegal drugs are permitted at any time

\_\_\_\_\_ **NO** hunting! Violators will be reported to authorities!

**\_\_\_\_\_ ANY** fish caught are to be thrown back. Catch and release policy.

\_\_\_\_\_ Clean up **ALL** trash and remove it from property. Place bagged

trash in dumpster at Victory Center on way out.

\_\_\_\_\_ Property lines near the dam **MUST** be strictly observed! Please do

not go to the other side of the lake, via walking over the dam or

boating over and getting out, it is NOT our property.

\_\_\_\_\_ NO motor boats allowed. You can NOT bring your own boat in.

\_\_\_\_\_ Please be mindful of our neighbors and people walking the lake

road and adhere to the 15 mph speed limit.