

Waiver and Release to Secure Treatment

Please read this form carefully and be aware that in registering yourself or your minor child(ren)\ward(s) for participation in activities of the Jim Kinkade Memorial Competitor's Camp, you will be waiving and releasing all claims against organizers and coaches, Sandy Ford Sportsman's Club, the Illinois Baptist State Association and all sponsors of the event of injury to yourself and your child(ren)\ward(s) that might be sustained arising there from, and also giving permission to secure treatment for any said injury.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), and I agree to assume the sole and full risk of any injuries, damages or losses, regardless of severity which I or my minor child(ren)\ward(s) may sustain as result of participating in any and all activities connected with or associated with any such programs. I agree to waive and relinquish any and all claims I, or my minor child(ren)\ward(s), may have against the Jim Kinkade Memorial Competitor's Camp organizers and coaches, Sandy Ford Sportsman's Club, the Illinois Baptist State Association and any and all sponsors of the program. I do hereby fully release and discharge the Jim Kinkade Memorial Competitor's Camp organizers and coaches, Sandy Ford Sportsman's Club, the Illinois Baptist State Association and any and all sponsors of the program. I further agree to indemnify and hold harmless and defend, at my sole expense, the Jim Kinkade Memorial Competitor's Camp organizers and coaches, Sandy Ford Sportsman's Club, the Illinois Baptist State Association, their officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child(ren)\ward(s) arising out of, connected with or in any way associated with the activities of the programs. In the event of an emergency, I authorize the Jim Kinkade Memorial Competitor's Camp organizers and coaches or the Illinois Baptist State Association representatives to secure from any licensed hospital, physician and \or medical personnel any treatment deemed necessary by them for the immediate care of me or my child(ren)\ward(s), and I agree that I will be solely responsible for payment of any and all medical services rendered with no right to recovery, having waived my right to same from the Jim Kinkade Memorial Competitor's Camp organizers and coaches, Sandy Ford Sportsman's Club, the Illinois Baptist State Association their representatives and insurance provider. I understand and take full responsibility for all my or my shooting team or school's equipment, rifle(s) as well as my personal belongings and will not hold the Jim Kinkade Memorial Competitor's Camp organizers and coaches, Sandy Ford Junior Sportsman's Club, the Illinois Baptist State Association and any sponsors of the program responsible for loss or damage. I have read and fully understand the details of the program(s) and agree to abide by this Waiver and Release of All Claims and Permission to Secure Treatment and understand that my signature below acknowledges same and is required for participation in said programs. *Parental signature required for participants under the age of 18 years.*

Name of Camp Attendee _____ Date of Birth _____

Signature of attendee of over 18 or

Parental Signature

Date