



Life Teen Camp Hidden Lake  
630 Hidden Lake Dr.  
Dahlonega, GA 30533

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**2014 SUMMER CAMP  
HIDDEN LAKE**

**PARTICIPANT AGREEMENT**  
(for youth and chaperones)

**PARTICIPANT'S INFORMATION:** (please print)

- CAMP WEEK:  Week 10: June 2-7, 2014  
 Week 11: June 9-14, 2014  
 Week 12: June 16-21, 2014  
 Week 13: June 23-28, 2014  
 Week 14: June 30-July 5, 2014  
 Week 15: July 7-12, 2014  
 Week 16: July 14-19, 2014  
 Week 17: July 21-26, 2014  
 Week 18: July 28-August 2, 2014

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

GENDER:  MALE  FEMALE

GRADE ENTERING:  6  7  8

9  10  11  12  JUST GRAD.

PARISH: \_\_\_\_\_

DIOCESE: \_\_\_\_\_

**EMERGENCY CONTACT:** (youth and chaperones)

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

PHONE #: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

**HEALTH INFORMATION:** (youth and chaperones)

DOCTOR: \_\_\_\_\_

DOCTOR PHONE #: \_\_\_\_\_

INSURANCE CO.: \_\_\_\_\_

INSURANCE ID #: \_\_\_\_\_

INSURANCE GROUP #: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

PARTICIPANT'S ALLERGIES (including meds and food):

\_\_\_\_\_

\_\_\_\_\_

PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes):

\_\_\_\_\_

\_\_\_\_\_

PARTICIPANT'S OTHER PHYSICAL RESTRICTIONS (if any):

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATION & DOSAGE (prescription & over the counter):

\_\_\_\_\_

\_\_\_\_\_

REASON FOR CURRENT MEDICATION:

\_\_\_\_\_

\_\_\_\_\_

The camp nurse may administer the following over the counter medication to this participant (please check all that may be taken):

- Tylenol/Acetaminophen  Motrin/Ibuprofen  
 Benadryl/Dephenhydramine HCL  Cough Drops  
 Tums/Mylanta/Antacid

**PARTICIPANT'S NAME:** \_\_\_\_\_

**MOTHER'S INFORMATION:** (youth only)

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

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Check if mother's info is the same as participant's.  
If not, please fill out the information below.

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**FATHER'S INFORMATION:** (youth only)

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

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Check if father's info is the same as participant's.  
If not, please fill out the information below.

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**WAIVER:**

I, \_\_\_\_\_, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Inc. event. I am fully aware that my own/my child's participation in The Event is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in The Event, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in The Event which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from The Event;
2. Agree to indemnify, defend and hold harmless Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in The Event including my/his/her travel to or from The Event.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in The Event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in The Event;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in The Event at any time should my/his/her actions or general behavior impede the operation of The Event or the rights or welfare of any person. I understand that I/my child may be required to leave The Event in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of The Event. I understand that Life Teen, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The Event by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in The Event. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in The Event. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in The Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**WAIVER**

**STATE OF GEORGIA  
COUNTY OF WHITE**

**KNOW ALL MEN BY THESE PRESENTS:**

That the undersigned, individually, or as parent and or guardian of the within named minor child or children, is sixteen (16) years of age or older, and that the undersigned has rented or otherwise contracted for the use of a tube from HELEN WATER PARK AND HELEN TUBING, of Helen, Georgia, for the purpose of "tubing" in the Helen Water Park and in the Chattahoochee River in Helen, Georgia.

I have freely and voluntarily elected to "tube" in the Helen Water Park and in the Chattahoochee River for recreational purposes, fully understanding the possible hazardous nature of tubing in the Helen Water Park and the Chattahoochee River, and I understand that I (or the child or children allowed by me to tube) may be injured or killed as a result of the hazards inherent in recreational tubing. I do hereby, for myself, and or for the undersigned named child or children, assume all risks and accept full and complete responsibility for any and all damages or injuries of any kind or nature which may occur to me or to the within named child or children while participating in tubing in the Helen Water Park and the Chattahoochee River with a tube or tubes rented from HELEN WATER PARK and HELEN TUBING.

I do hereby, for myself ( and or for the within named child or children ) my heirs, executors, administrators and legal representatives release and forever discharge HELEN WATER PARK and HELEN TUBING, its directors, officers, stockholders, agents and employees from any and all claims or causes of action for personal injury or property damages resulting from my activities in connection with the aforesaid tubing.

I fully understand that my participation (or the participation of the within named child or children) in this recreational sport of tubing is of my (or our) choosing and is entered into freely and voluntarily by me (us). I further understand, covenant and agree that I am solely responsible for my own actions and or for the actions of the within named child or children in connection with this sport. I understand that any instructional assistance received by me from personnel employed by HELEN WATER PARK and HELEN TUBING is strictly for the purpose of illustration safety precautions and tubing techniques and that the voluntary acts and participation of the within named child or children in the recreational sport of tubing.

Further, I understand that I or the within named child or children may cause an injury or death, not only to myself and or said child or children but to another person or persons participation in these activities. Therefore, I do covenant and agree to hold HELEN WATER PARK and HELEN TUBING, its directors, officers, stockholders, agents and employees harmless from any and all claims, demands, rights and causes of action of whatsoever cause and nature arising from my participation (or the participation of the within named child or children) in the above-stated tubing activities.

\_\_\_\_\_  
Signed (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed (Parent or Guardian if Participant is under 16)

\_\_\_\_\_  
Date