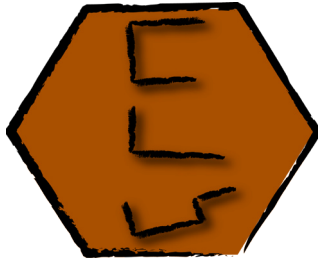


Camp Livingstones

REGISTRATION
PACKET



Waiver, Release, and Hold Harmless Agreement

I know that participating in Camp Living Stones' adventure programs can be potentially hazardous in nature. I assume all risks associated with participating in the adventure activities, including, but not limited to, broken bones, paralysis, and death, all risks being known and assumed by me. Having read this waiver and release and knowing these facts and in consideration of my participation in the adventure activities, I for myself, and anyone entitled to act on my behalf, waive and release Camp Living Stones, Incorporated, their Board of Directors, Officers, and successors from all claims and liabilities arising out of my participation in the adventure activities. I furthermore agree to hold the foregoing parties harmless from any injury that might result from my participation. I grant my permission to the foregoing parties to use any photographs, motion picture, recordings or any other record of this event for any legitimate purpose.

Date

Camp Dates

Phone Number

Participant with: (Church/Organization attending)

Home Address

Participant's Name (Print)

Participant's signature

Parent/Guardian signature (In addition to child's signature.)

PLEASE FILL OUT COMPLETELY

Sunburst Rafting Release Form

(please print)

Date of Raft Trip: _____ Trip Time: _____ Activity: Whitewater Rafting—
Ocoee River

Your Name: _____

Name of Parent or Guardian (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Waiver and Release of Liability

In consideration of sunburst Adventures, Inc. furnishing services and/or equipment to enable me to participate in whitewater rafting, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards, and such exists in my use of Sunburst Adventures, Inc. equipment and my participation in whitewater rafting activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Sunburst Adventures, Inc., the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft and such other risks hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) by my participation in these activities and/or use of such equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Sunburst Adventures, Inc., or by any other person.

I on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Sunburst Adventures, Inc. and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Sunburst Adventures, Inc. equipment or my participation in whitewater rafting activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts of other conduct by the owners, agents, officers or employees of Sunburst Adventures, Inc.

I further agree to indemnify and hold harmless the United States of America, The United States Forest Service, Tennessee Valley Authority, the State of Tennessee and their respective agents, servants and employees from any and all claims, demands, actions, and judgments arising at any time out of or in any way connected with my use of the Ocoee River or any government lands or rivers, and activities incidental thereto.

Insurance

I understand and acknowledge that no medical insurance benefits will be provided to me during this event and that I will be

responsible for any medical bills that may result from my participating in this activity.

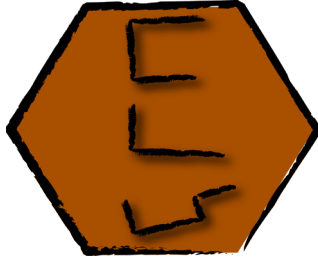
I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SUNBURST ADVENTURES, INC. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

X _____

Participant's Signature Age (if under 18)

X _____

Parent or Guardians' Signature (if under 18 years of age)



INCLUDE:

Bible
Work clothes
Work worthy shoes (sneakers)
Clothes and shoes for caving (preferably long pants, long-sleeved shirt, and tennis shoes - will be ruined)
Plastic bag (to pack wet clothes in)
One piece swimsuit
Sandals or shoes for rafting and waterfall (flip flops are not allowed on river)
Toiletries
2 Towels
Sleeping Bag and/or sheets (we provide mattresses)
Pillow
Sunscreen
Sweatshirt*
Flashlight or Headlamp*
Sunglasses*
Insect repellent*
Writing pen *
Rain jacket*
Money for camp store* (items include t-shirts, sweatshirts, water bottles, mugs, hats, CD's, stickers, pens, walking sticks, and cookbooks)

*Optional

Anything else that you might need!

We don't sell snacks or drinks but we do eat plenty for meals and drinks are provided throughout the day! Some groups do bring their own snacks and drinks but all snacks and drinks are to be left in the dining hall and not kept in the cabins.

Please note that students under the age of 12 years will not be able to raft on the Ocoee River.

WHAT TO BRING

Camper Release

I, as parent/guardian of _____, release Firewheel Bible Fellowship, its agents, and employees from any claims or causes of action arising from or connected with transportation to and from, attendance, and participation at the Camp Living Stones trip, _____(insert dates). I further agree that Firewheel Bible Fellowship, its agents or employees, are authorized to provide such medical care treatment as may be necessary, in their judgment, during such transportation and project.

Signature: _____ **Date:** _____

Home Phone: _____ Business Phone: _____

If parents cannot be reached, please contact:

Name: _____

Home Phone: _____ Work Phone: _____

1. Health History: (Check where appropriate. Please also give approximate dates.)

___ Bleeding/Clotting disorders ___ Frequent ear infections ___ Mononucleosis

___ Chicken Pox ___ Hearing defect/disease ___ Psychiatric Treatment

___ Convulsions ___ Hepatitis ___ Tuberculosis

___ Diabetes ___ Hypertension ___ Other: please explain

In the event that your student becomes ill, is there any other medical contentions of which we should be concerned? [] Yes [] No

If yes, please describe: _____

You may choose to call your Student Pastor and discuss the conditions personally rather than give this information on this form. Your privacy will be respected.

2. Does your Student have any known allergies? [] Yes [] No If yes, please check known allergies.

___ Asthma ___ Insect Stings ___ Penicillin

___ Hay Fever ___ Ivy Poisoning, ___ other

Other: _____

3. Does your Student have any physical disabilities? [] Yes [] No

If yes, what? _____

4. Does your Student take any medicines regularly? Yes No
If yes, what? _____

5. Is your Student under a physician's care at this time? Yes No
If yes, you will need to provide a statement from your physician telling of the medications, special diet, restrictions as to recreation activities, other.

6. In case of emergency, please check one: Call before treating. Give First Aid, then call.

7. Are all immunizations up to date? Yes No If no, please indicate reason: _____

Date of last tetanus shot: _____

8. Houston Project Participant's Date of Birth: _____

9. Doctor: _____ Phone: _____

INSURANCE:

All Camp participants must provide their own health insurance as the primary source of coverage. Firewheel Bible Fellowship will provide no medical, health, life or other insurance to participants.

Hospital Insurance: Yes No

Insurance Company: _____

Policy Number: _____ Group Number: _____