



Mississippi Farm Bureau® Federation
Youth Safety Camp
Application/Participant Release and Waiver

All areas must be completed legibly and signed by Participant and Legal Guardian.

Form with fields for County Farm Bureau, Parent/Legal Guardian Phone Number, Secondary Phone Number, Minor's Name, Date of Birth, Gender, Name of Parent/Legal Guardian, Name as you want it to appear on your name tag, Membership Number, Email address, Address, T-shirt Size, Roommate request, City, State & Zip, Emergency contact, Emergency contact phone number.

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above camp to be conducted by Mississippi Farm Bureau Federation (hereinafter "MFBF").

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the camp.

Appearance Agreement. I understand that MFBF from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp, Minor may be included in videotapes, photographs, DVD's, podcasts, and video casts taken during the Camp.

Camp Rules. I further acknowledge and understand that MFBF has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and I agree to abide during the Camp, and Minor and I will be responsible for his/her/my failure to abide by these rules and regulations.

Insurance. If Minor is covered by an insurance policy, please complete the information below and attach a copy of your insurance card to this application. Coverage by an insurance policy is not a requirement to attend camp.

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy/Group Number – REQUIRED: _____

Insurance Company Phone #: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **MFBF will not administer or supply any type of medication at camp. Minor understands that Minor is prohibited from distributing any medications to other participants of the Camp.**

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that Minor suffers from the following conditions: _____

Family Doctor: _____ Address/City: _____ Phone Number: _____

Emergency Information:

Name to contact: _____ Address _____

City, State & Zip: _____ Cell Phone # _____

Daytime Phone # _____ Evening Phone # _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form, including the Liability Release, Medical Release, Appearance Agreement and Camp Rules, in their entirety and fully understand their contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk or injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf an on behalf of Minor, have signed this document voluntarily and of my own free will.

X Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Minor _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

X Signature of Minor: _____ Date: _____

X Witness Signature: _____ Date: _____

CAMP TANGLEWOOD WAIVER AND RELEASE OF LIABILITY

Participant Name _____ Participant Date of Birth _____

Address _____

Phone _____ Email _____

I, the above listed Participant, desire to come voluntarily to the _____ held at Camp Tanglewood located at 1403 Tanglewood Road, Lawrence, MS 39336, and to engage in the activities related to being a Participant. I hereby freely, voluntarily, and without duress execute this Waiver and Release of Liability under the following terms:

I, the Participant, release and forever discharge and hold harmless Camp Escape, Inc. d/b/a Camp Tanglewood, its directors, officers, employees, affiliates and agents, and its successors and assigns (collectively "Camp Tanglewood") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Participant's Activities with Camp Tanglewood.

I understand that this Waiver discharges Camp Tanglewood from any liability or claim that I, the Participant, may have against Camp Tanglewood with respect to bodily injury, personal injury, illness, death, or property damage that may result from or during my activities on Camp Tanglewood's event site. I also fully understand that Camp Tanglewood does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Participant, understand that I expressly waive any such claim for compensation or liability on the part of Camp Tanglewood in the event of such injury or medical expense. I hereby release Camp Tanglewood from any claim whatsoever which arises or may arise in the future on account of any first aid, medical treatment, or other service rendered in connection with my activities with Camp Tanglewood.

I understand that my activities with Camp Tanglewood may include various activities that may be hazardous to me, and I hereby expressly and specifically assume the risk of injury or harm in these activities and release Camp Tanglewood from all liability for injury, illness, death, or property damage resulting during my activities with Camp Tanglewood.

I grant unto Camp Tanglewood all right, title, and interest in any and all photographic images and video or audio recordings that are made by Camp Tanglewood during my activities with Camp Tanglewood, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.



I expressly agree that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that this Waiver and Release of Liability shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Waiver and Release of Liability shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable.

Print Participant's Name _____ Today's Date _____

Participant's Signature* _____

*If the Participant is a minor, a parent or legal guardian must affirm consent by signing below:

I agree that the above-named minor has my consent to be a Participant at Camp Tanglewood. I also give my consent for Camp Tanglewood to seek emergency treatment for the minor, if necessary, and I agree to accept financial responsibility for the costs related to such emergency treatment.

Print Parent/Legal Guardian Name _____

Participant/Legal Guardian's Signature* _____

Relationship to Participant _____

Today's Date _____

