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Waiver & Release

*Participants in recreational events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) must have a signed and witnessed **or** notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized. **Pages 1 and 2 of this form must be presented at Event check-in.***

Church/Organization Name: _____ City/State: _____ Phone _____

Name: _____ Social Security #: _____ Age _____ Sex: Male/Female

Address: _____ Birth date: ____/____/____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

Event Name: _____ **Event Date:** ____/____/____

Please check which one best describes the attendee (more than one may apply):

- Student Group Leader Student Leader
 Adult Minister

Please read the recreation activities description on **Page 3** and initial that you understand all approved activities for the person herein described.

_____ **3.1 Adventure Recreation on Property** _____ **3.2 Adventure Recreation Off Property**
 _____ **3.3 Adventure Recreation Paintball** _____ **3.4 Waterfront**

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies:

Parent/Guardian (for attendee under 19 years of age)

Attendee (19 years of age and over)

Signature: _____ Date: _____

Relationship to Attendee _____ Contact #: _____

Witness

I witnessed _____

Attendee, Parent or Guardian

sign the above Waiver and Release on

_____ *Date*

Signature

Print Name

Address

City, State Zip Code

Notary Information

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The state of _____

The county of _____

Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, State of _____

Notary Public

My commission expires the _____ day of _____, A.D. _____.

