

**Manhood Camp Philadelphia**  
**Epiphany Fellowship Church**  
**1632 West Diamond Street**  
**Philadelphia, PA 19121**

Club/Sport/Activity: Manhood Camp Date: \_\_\_\_\_

Participant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_

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In consideration of being allowed to participate in any way in the above listed Manhood Camp conference, related events and/or activities. I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this Manhood Camp is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for any participation; and

3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

4. I understand that if I choose to drive my own vehicle or be a passenger in a non-owned Epiphany Fellowship vehicle while traveling to and or/from a church sponsored event, any applicable Epiphany Fellowship's insurance coverage will not be applicable; and

5. I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, hereby release, indemnify and hold Epiphany Fellowship, and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and if, applicable owners of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death or loss or damage to person or property, to the fullest extent of the law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that my child(ren) has no medical condition or impairment that might inhibit their safe and active participation in the above listed activity. In addition, I understand that Epiphany Fellowship does not provide medical insurance coverage for any activity participation and that any applicable medical insurance coverage must be provided individually by such participants. In case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, Epiphany Fellowship has permission to seek, administer or have administered whatever first aid or emergency medical care deemed necessary for participants welfare; and it is understood that participant, and not Epiphany Fellowship, shall be responsible for any and all charges for such health care services regardless of whether participant's medical coverage insurance would cover such charges.**

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Emergency Contact Information**

Contact's Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_