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## Organization of God's Marine Corps Forces

### An Upon the Solid Rock Ministries Program

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#### Participant Information: Emergency and Release of Liability

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**Participant Information** (please print)    GOOD FOR ONE YEAR FROM THIS DATE: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Participant age group**    8-10 ☐      11-13 ☐      14-16 ☐      17-18 ☐

Church you attend (if any) \_\_\_\_\_

For the child's safety, should we be aware of any medical conditions? \_\_\_\_\_

\_\_\_\_\_

#### **Emergency Contact(s)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### **GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

I, \_\_\_\_\_ acknowledge that I am freely choosing to participate in the God's Marine Corps Forces Boot Camp (henceforth known as the "Program." In consideration of the Program, I agree as follows:

I HEREBY ASSUME ALL OF THE RISKS OF MY PARTICIPATION, including, by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of other participants and any other individuals related and affiliated with the Program.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state there are no health-related reasons or problems that preclude or restrict my participation in the Program. I recognize that Upon The Solid Rock Ministries or anyone affiliated with the Program is not obligated to attend to any of medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the Program to secure whatever treatment is necessary. Upon the Solid Rock Ministries may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the Program and me. I release Upon the Solid Rock Ministries, its officers, volunteers, and participants from all liability for bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in the Program, as well as any medical

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treatment decision or recommendation made by a volunteer of the Program. I agree to pay all expenses relating thereto and release Upon the Solid Rock Ministries from any liability for any actions.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend Upon the Solid Rock Ministries and their officers, volunteers, and participants from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in this Program.

I HEREBY ACKNOWLEDGE that I have read this release thoroughly and I fully understand it. I am voluntarily executing this release and would not otherwise be permitted to participate in this Program. I acknowledge that this release restricts me from suing or otherwise claiming against the Program host, presently or at any future time, for damage, loss, or injury (as specified above), that may occur as a result of my participation.

IN ADDITION TO THE ABOVE, I HEREBY CONSENT to the use of my name, likeness, or picture, and acknowledge and agree that my name, likeness, and picture may be used on the God's Marine Corps website and/or used on God's Marine Corps social media, including, without limitations, Facebook, Instagram, and Twitter, and in promotional products, including, without limitation, publications, videos, posters, and displays.

Date: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_

Participant Signature (if age 18): \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Signature  
(if participant under 18): \_\_\_\_\_