

Get Away.

Quiet Down.

Hear God Speak.

Waiver of Liability & Indemnity Agreement (continued)

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant:	
Name of parents/guardians (if applicable):	
Address:	Phone:
Emergency Contact Name:	Emergency Contact Phone:
Church or Group (if applicable):	
Description of activity:	
Date(s) and location of activity:	
By signing below, you agree to the Adult & Child (minor)	– Participant/Volunteer Release: Waiver of Liability & Indemnity
Agreement and are authorized to sign for the participant	above as yourself or as a parent/guardian/proxy:
Signature:	Date:
Signature:	Date:
Audio	/Visual Waiver
I understand that Maranatha Bible Camp reserves the	e right to use any audio, video, and/or photographs of any
	Maranatha facilitated event for promotional or marketing purposes.
I have read and understood the media release as out	tlined above:
Signature:	Date:

Please return this form to Maranatha Bible Camp, 16800 E Maranatha Rd, Maxwell NE 69151 Email: registrations@maranathacamp.org • Fax: 308-582-4516