

Mt. Olive Community Outreach Center, Inc.

302 Adkins Street ♦ Albany, Georgia 31705 ♦ (229) 435-9961

Rev. Lorenzo L. Heard, Executive Director

2021 Summer Enrichment Camp Liability Waiver

Please write your child's name on the first line, initial each paragraph after this, sign, date and notarize this form.

_____ has my permission to participate in all educational, recreational, swimming and sports activities (including, but not limited to football, basketball, dodge ball, kick ball, swimming, etc), as well as field trips offered by the Summer Enrichment Camp.

_____ I understand that some field trips may offer activities that may have some degree of risk and my child or myself may opt to participate in these activities. However, I hold harmless all parties mentioned in this waiver in the event of any injuries due to participation in these activities.

_____ I also give permission for him/her to be transported to and from these activities by the Dougherty County School System Transportation Department, Mt. Olive Community Outreach Center, Inc. or the Greater 2nd Mt. Olive Baptist Church. In case of injury or accident, neither Mt. Olive Community Outreach Center, Inc., the Greater 2nd Mt. Olive Missionary Baptist Church, the Dougherty County School System, The Dougherty County School System Transportation Department, or any hired bus company, the Georgia Department of Education nor any other stake holders will be held liable. All medical costs, bills, etc. incurred will solely be responsibility of Parent and/or Guardian.

_____ By signing this application, I am hereby giving Mt. Olive Community Outreach Center, Inc., permission to take photos of my child in the Summer Enrichment Camp. If you agree for us to take and use photographs of your child(ren), our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

_____ I further understand that the period in which this Waiver of Liability Form is valid is from June 1, 2021 to July 30, 2021, and it applies to all activities and field trips that may take place within this time period with the FLAAG Program.

Signature of Parent/Guardian

Notary

My Commission Expires

“Please fill out Field Trip Waiver on the Back of this Application”

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ABSOLUTE WAIVER, RELEASE, INDEMNITY AND COVENANT NOT TO SUE

(Minor Form to be signed by a parent or legal guardian having a child 18 years or younger)

The undersigned (print parents' name) _____, as the parent and natural or legal guardian of a Minor Child(ren), desires to allow the Minor Child(ren) to participate in and attend the Greater 2nd Mt. Olive Baptist Church Summer Camp Enrichment Program on property in Dougherty County, Georgia (the "Property") owned by Greater 2nd Mt. Olive Missionary Baptist Church, subject to the terms, conditions and understandings set forth herein. The officers, directors, shareholders, members, agents and employees of Mt. Olive are collectively referred to as the "Indemnified Parties" and individually as an "Indemnified Party."

The undersigned recognizes that, among other activities, the Mt. Olive Camp curriculum involves instruction in performing arts, sports, arts and craft, motivational speakers, field trips, sex education, swimming and recreational activities that can involve certain risks and dangers, and the undersigned desires to indemnify and hold the Indemnified Parties harmless from any such risks and dangers which may result to the Minor Child(ren) on or around the Property while attending the Mt. Olive Camps.

NOW, THEREFORE, for and in consideration of the right of the Minor Child(ren) to attend the Mt. Olive Camps and to participate in the activities therewith, performing arts, sports, arts and craft, motivational speakers, (speaking on subjects such as sex, money, drugs, and violence), horseback and all terrain vehicle (ATV) riding, swimming, field trips, and recreational activities and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, for himself, the Minor Child(ren), his family, his heirs, administrators, executors, successors, devisees and assigns hereby agrees to and does hereby RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, INDEMNIFY AND HOLD HARMLESS each Indemnified Party from and against all claims, demands, payments, suits, actions, recoveries, attorneys' fees and judgments of whatsoever nature, kind and description, brought, recovered or extracted against any Indemnified Party for, or on account of, any loss, damage or injury (including death resulting therefrom) or any claim for loss, damage, injury or death received or sustained or alleged to have been received or sustained by the Minor Child(ren) on or around the Property while attending Mt. Olive Camps.

I sign this instrument voluntarily, and with full knowledge and understanding of the rights I hereby waive and release. If any provision hereof is invalid or unenforceable, the other provisions shall remain in full force and effect, and the remaining provisions hereof shall be construed liberally in favor of each Indemnified Party in order to effectuate the provisions hereof. This agreement shall be governed by and interpreted in accordance with the laws of the State of Georgia.

WITNESS THE SIGNATURE OF THE UNDERSIGNED, this the _____ day of _____ 20____

Parent Signature _____

Name of Minor Child(ren) _____, _____,
_____, _____.

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SUMMER FEEDING PROGRAM

All meals are provided by Mt. Olive Community Outreach Center, Inc. as an approved Sponsor through USDA's Summer Feeding Program. All meals served are creditable and have been approved by Bright From the Start Department of Early Care and Learning Nutrition Department. Any meal deviations must also be approved by Bright from the Start. 1% milk is a requirement for breakfast, lunch or supper on a daily basis; however, if your child does not drink 1% milk, Mt. Olive is not required by BftS to provide substitutes. In the event your child provides a doctor's excuse for milk, Mt. Olive will make every effort to accommodate your child if the notice is submitted with the completed summer camp application.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

I have read the Milk Substitute Notice, the Non-Discrimination Statement, and the Complaint Procedure:

Name

Date