



# KIDS OUTDOOR ZONE

Youth Outdoor Adventure Ministry

Parents voluntarily register their children for participation in Kids Outdoor Zone – Harvest Team Outdoor training, events, parties and classes. Parents are required to complete and sign the medical release, liability release and registration form for each child participating. Children will not be accepted into the program without completed and signed forms.

**EVENT REGISTERING FOR:** \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(last name, first name, middle initial)

Parents Names: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ CELL: \_\_\_\_\_ Second CELL: \_\_\_\_\_

Work: \_\_\_\_\_

**Other persons to contact if we can't reach name above:**

\_\_\_\_\_  
(Name)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ CELL: \_\_\_\_\_

\_\_\_\_\_  
(Name)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ CELL: \_\_\_\_\_

.....

**KOZ STAFF:**

Medical File Information on file : YES \_\_\_\_\_ NO \_\_\_\_\_

LIABILITY on file : YES \_\_\_\_\_ NO \_\_\_\_\_

**PAYMENT:**

Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_ Raffle: \_\_\_\_\_

*For More Information Call: 512-292-1113*



# KIDS OUTDOOR ZONE

Youth Outdoor Adventure Ministry

## Release of Liability and Acknowledgment and Acceptance of Dangers, Risks and Hazards of Hunting & Fishing Club, Camp, Class.

By signing this agreement, I hereby acknowledge that I have knowingly and willingly entered an outdoor class, or become a party bound by the terms and conditions of a hunting or fishing camp or outing by and between \_\_\_\_\_, et al. (hunter, fisher, camper, student hereinafter the student, whether one or more) and Country Line, Texas Outdoor Zone, Kids Outdoor Zone, Country Line Ministries, et al. (landowner/lease manager/instructor/owner/guide/leader, hereinafter the Instructor, whether one or more) dated \_\_\_\_\_, 20\_\_.

I further acknowledge and understand that no warranty, either express or implied, is made by the Student as to the condition of the property (hereinafter the property premises) located in \_\_\_\_\_ County, Texas, or of any roads, buildings, gates or other improvements located thereon. This document serves to warn me that dangerous conditions, risks and hazards do exist. My presence and activities on the property premises expose both me and my property to dangerous conditions, risks and hazards, including but not limited to: poisonous snakes, insects and spiders; blinds and tree stands, whether or not erected by Instructor; erosion and general condition of the land, both on and off roadways or senderos, creating rough, hazardous and dangerous driving and walking conditions; animals both wild and domestic that may be diseased and/or potentially dangerous; deep water; persons with firearms both on or off the property premises; and the use of vehicles. I hereby state that I expressly assume as well as allow my child to assume all such dangers, risks and hazards.

Allow any images, photos, video images, audio recording from these events to be used for marketing, advertising or any other purpose deemed necessary to promote or market, instruct or enhance the organizations listed above and their audience or groups or potential groups or audiences.

In consideration for the right to enter the property premises, I hereby release and agree to protect, indemnify and hold harmless the landowner, lease manager, instructor, owner, guide, leader and his or her respective heirs, agents, employees and assigns from and against any and all claims, demands, causes of action and damages, including attorneys' fees, resulting from any accident, incident or occurrence arising out of, incidental to or in any way resulting from the use of the land premises and all improvements thereon, instruction or event, whether or not caused by the Instructor negligence or gross negligence. This release applies during the time that I/they are/am permitted on the land premises. I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against the Instructor or his or her respective heirs, agents, representatives, employees, successors or assigns by reason of conditions of the land premises or activities occurring thereon.

I hereby further understand and agree to abide by all the rules, provisions and terms of this agreement as set forth by the Instructor, if any (see attached). It is understood that the Student will be in breach of this agreement in the event that the Student fails to follow those rules and terms as set forth in the attachment. I further agree to abide by all state game laws as set forth by the Texas Parks & Wildlife Department. In addition to state game laws, Student agrees to abide by all local, state, and federal laws while on the land premises. As the Student/Parent/Guest/Instructor, I understand that failing to do so may void this agreement, and the agreement may then be cancelled at the sole discretion of the Manager. In that unlikely event, I further agree to forfeit any and all present and future claims in regards to the remaining term of the original agreement.

As used in this release, the terms *I, my person* and *myself* include minors in my care while on the leased premises.

Date and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Parent / Instructor)

\_\_\_\_\_  
(Printed Name)

# Medical Release Form

## Kids Outdoor Zone, Country Line Ministries, Texas Outdoor Zone, Harvest Team

Parents voluntarily register their children for participation in Country Line Ministries, Texas Outdoor Zone, Kids Outdoor Zone – Harvest Team Outdoor Training classes. Parents are required to complete and sign the medical release form for each child registered to participate. Children will not be accepted into the program without this completed and signed form.

Child's Name: \_\_\_\_\_  
(last name, first name, middle initial)

Person to contact in Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Other person to contact if we can't reach name above:

\_\_\_\_\_  
(Name)  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX \_\_\_\_\_

### Medical File Information:

Your family physician or medical office: \_\_\_\_\_  
(Name of doctor or medical office)

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

Phone number: \_\_\_\_\_

Please check if your child has any of these health problems. We need to be prepared.

Epilepsy \_\_\_\_\_ Heart condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Allergy \_\_\_\_\_

Does your child have other health problems we should be aware of:      Yes      No  
(circle one)

If yes, please explain here: \_\_\_\_\_

---

Is your child on medication: (circle one)      Yes      No

If yes, please list all medications: \_\_\_\_\_

---

Medical Insurance Coverage? (circle one)      Yes      No

Company Name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Phone number: \_\_\_\_\_

I hereby release Country Line Ministries, Texas Outdoor Zone, Kids Outdoor Zone – Harvest Team camps, and camp staff from responsibility in case of illness, accident, or injury. I further give permission to any physician, hospital, or other medical facility to provide treatment to my child in the event of a medical emergency.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_