

2025 STUDENT (18 YEARS OF AGE AND OLDER) BACKGROUND CHECK STATEMENT OF COMPLIANCE

This form is turned upon arrival at Super Summer on-site registration.

The students (18 years of age and older) named below are known to the staff or recognized leadership of the participating church and the church knows of no reason why any should not attend Super Summer camp with students under the age of eighteen (18). The participating church warrants it has used _____ to perform nationwide criminal background check

(NAME OF COMPANY)

of the National Registry of Sex Offenders, and a state/county criminal check on all adult sponsors. None of the students (18 years of age and older) have a red flag offense listed on their checks. The participating church warrants it has run these checks within the last 12 months (from date of camp) and further verifies that it has brought no students (18 years of age and older) not listed on this form.

The church acknowledges that it is responsible for the selection and supervision of students and further warrants that it has exercised due diligence in the supervision of students, including those age 18 and older.

Furthermore, in consideration of being allowed to attend Super Summer camp, the church hereby agree to indemnify and hold harmless Lake Yale Baptist Conference Center and the Florida Baptist Convention, their agents or employees, against any and all causes of action, rights, claims or suit which may be against LYBC and the FBC, or their agents or employees as a result of the church's negligence in the selection and/or supervision of students (18 years of age and older).

Names of all students 18 years of age and older (alphabetized):

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Church Name: _____ Phone #: _____

Address: _____ City: _____ ST _____ ZIP _____

Authorized Representative Signature

Name Printed

Date

