

# //Student Camper Parental Permission/ Release and Waiver of Claims Form//

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does camper have any known allergies or is camper unable to take any medication? \_\_\_ Yes \_\_\_ No

If yes, what? \_\_\_\_\_

2. Does camper presently take any medications regularly? \_\_\_ Yes \_\_\_ No

If yes, what medications? \_\_\_\_\_

For what reason? \_\_\_\_\_

3. List any other medical condition(s) that would be helpful to know: \_\_\_\_\_

4. Date of last tetanus immunization: \_\_\_\_\_

5. The above named child has current medical insurance coverage through:

Insurance Company: \_\_\_\_\_

Name on Insurance Policy: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mailing Address for Medical Claims (see back of insurance card): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: \_\_\_\_\_

7. Will a parent of the student attend this event as well? \_\_\_ Yes \_\_\_ No

If yes, name of parent: \_\_\_\_\_

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I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

I give my permission for my child, \_\_\_\_\_ to attend (Event) on (Date of Event) with (Host Church). In the event that my child should need emergency medical care or attention, the Host Church leadership is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that the Host Church will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

Furthermore, in consideration of my child being allowed to attend, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities, and (2) injuries arising from the decision of the leadership of the Host Church or any of their agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made during the event and used following the event. I consent that my child's image may appear on videos, promotional resources, event endorsed web sites, etc.

I give authority and permission to the Host Church and any of their staff or agents to inspect my child's belongings while involved in the event.

I understand that students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel as a part of church events.

I have received and read the Parent Information made available to me. I have received satisfactory answers to all my questions about such information. I have read the Student Code of Conduct, and I have reviewed the code of conduct with my child.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree to the Student Code of Conduct and will abide by it.

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

All students attending must have a parent or guardian complete and sign this release form. This form must be turned in to the church staff before attending any event.

**//Photo/ Video Release//**

I hereby give (Church, City, State) the right and permission to publish, without charge, photographs taken of me during church related activities and events. These photographs may be used in whole or in part, and may be used in publications and in audio-visual presentations, promotional literature and materials, advertising, website promotions, or in other similar ways. In addition, I grant (Church, City, State) the right to use and incorporate, in whole or in part, video footage taken as a result of my participation in (Church, City, State) activities. In addition I wave any right to financial reimbursement for the reproduction of such photos, or video, now or in the future.

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Father's Signature          Date          Mother's Signature          Date

\_\_\_\_\_

Legal Guardian Signature          Date

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**//Notary Public Information//**

necessary for All (Church, City, State) youth retreats, conferences, & travel

Name \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Signature \_\_\_\_\_ Expires \_\_\_\_\_

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