

2019 Kidz Kamp Staffer Release Form

Student Name: _____ **D.O.B:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone#: _____ **Student Cell#:** _____

Parent(s) / Guardian(s) Names: _____

Cell Phone#(s): _____ / _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child:

_____ (“Participant”),
to attend & participate in **Kidz Kamp Staffer training weekend, as well as the Week of said Camp, July 27 - Aug 3.**

LIABILITY RELEASE: In consideration of **Kidz Kamp** allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Kidz Kamp as well as Bogg Springs Youth Encampment**, its directors, employees, volunteers and agents (collectively herein the “Camp”) from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Camp to furnish any necessary transportation (within the limitations of camp insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Camp for any liability sustained by said Camp as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **the camp**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

VISUAL/AUDIO IMAGE PERMISSION: We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the youth during the activities attended by them to be used, distributed or shown as the camp deems appropriate.

Church: _____	Social Security #: _____
Medical Insurance: YES _____ NO _____	Insurance Company: _____
Policy/Group ID#: _____	
Emergency Phone # in case parent/guardian cannot be reached: _____	
Allergies or Medical Conditions: _____	
Parent/Guardian Signatures _____	
_____	Date _____