

Mission/Activity/Church Camp Release Form for Youth

This form must be signed and turned in before participant can leave for the activity.

This form covers all church-sponsored activities from August 1, 2010 to September 1, 2011.

RELEASE: I know that camp and/or activities in which my/our child may participate may be potentially hazardous. My/our child should not participate unless he/she is physically able. I assume all risk including travel associated with this event; but not limited to falls, burns, cuts, contact with other participants, and/or the effects of the weather including heat - humidity - cold. I understand the conditions of the camping /activity area -- all such risks being known and appreciated by me. Having read this release and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release adult leaders/advisors and volunteers, Kingwood Christian Church, Restore Christian Church & Community Center, and their representatives from all claims or liabilities of any kind arising out of my child's participation in this event even though that liability may arise out of negligence or carelessness on the part of the person(s) named above.

AUTHORIZATION OF TREATMENT: I grant permission to all foregoing to offer or give first aid as necessary to participant including giving available over-the-counter medicines. In case of emergency, I understand effort will be made to contact parent/guardian. In the event they cannot be reached, I hereby give my permission to the physician / health officer / ambulance medics / hospital selected by the adult leader in charge to secure treatment, including medications, hospitalization, anesthesia, surgery, or injections of medication for my child. I authorize transportation as may be indicated or required via personal vehicle or via ambulance or via CareFlite when necessary to transport to a doctor or hospital.

Participant: _____ Birth date: _____

Allergies: _____

Medicines: _____ Time of dosage _____

Medicines: _____ Time of dosage _____

Special Needs: _____

Health Insurance Co.: _____ Policy # _____

Health Insurance Phone Number: _____

Parent/guardian: _____

Address: _____

Home phone # _____ Cell/work phone # _____

Alternative contact name: _____ Phone # _____

Signature of parent/guardian required if participant is under age 18

Date _____

