

GOLDEN CREEK BAPTIST CHURCH MINISTRIES

2017 Camp Permission/Waiver Form

Name of Child or Adult Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Age of Child _____ Birth date _____ Academic Grade _____

School _____ Date _____

CIRCLE CAMPER/WORKER T-SHIRT SIZE:

Youth X-Small Youth Small Youth Medium Youth Large Adult X-Small

Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **Golden Creek Baptist Church Ministries** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **Golden Creek Baptist Church Ministries** and its minister, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims. This release of liability is also intended to cover all claims that members of the child's family or estate, heirs, representatives, or assigns may have against **Golden Creek Baptist Church Ministries** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Golden Creek Baptist Church Ministries** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Golden Creek Baptist Church Ministries** to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to any and all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Publicity

On occasion, **Golden Creek Baptist Church Ministries** takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in **Golden Creek Baptist Church Ministries** publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to : photographs, videotapes and audio recording. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Health Insurance Information

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of **Golden Creek Baptist Church Ministries**, including any special events/activities as described above. In consideration for allowing the participation of the child in the activities of **Golden Creek Baptist Church Ministries**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

Witness Signature _____ Date _____

Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature _____ Date _____

Witness _____ Date _____

Young Person's Agreement

I agree to participate in the functions and activities of **Golden Creek Baptist Church Ministries**, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature _____ Date _____

Witness _____ Date _____

Health Insurance Information

Insurance Company _____ Policy Number _____

Insurance Company Phone Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relation _____

Home Phone _____ Work Phone _____

Cell Phone _____

Swimming Ability

_____ Non-swimmer

_____ Beginner (capable of swimming for several minutes in deep water)

_____ Moderate (capable of swimming several lengths of a pool)

_____ Advanced (capable of swimming long distances)

Medical History

Special medical need or concerns (allergies, conditions, dietary needs, medications, etc):

Medication List & Dispensing Instructions:

Other Information

Other information leaders should know about the child or adult participant:
