



STUDENT

Waiver of Personal Health Insurance for Summer Camps June-July 2020

As a parent or legal guardian of this participant, I hereby acknowledge by my signature that Nappanee Missionary Church (NMC) requires that my son/daughter, _____, have a personal medical insurance policy in order to participate in a summer camp sponsored by NMC. I also declare by my signature that my son/daughter does not have a personal medical insurance policy under which I am covered for the dates of the summer camp(s):

- ___ Kids Camp Junior: June 12, 2020
- ___ Kids Camp: June 26-27, 2020
- ___ Preteen Camp: June 19-21, 2020
- ___ Middle School Camp: July 7-10, 2020
- ___ High School Camp: July 11-15, 2020

Therefore, I agree to hold the Nappanee Missionary Church harmless and to indemnify said church, its volunteers, leaders and pastors in the event that I incur expenses including, but not limited to the following:

- Medical expenses incurred from an accident or travel-related illness which happens within the dates of said trip or after the dates of the said trip
- Dispatch of doctor or specialist
- Emergency medical evacuation
- Accidental loss of life, hand or foot, or the loss of sight in one or both eyes

Printed Name: _____

Signature: _____

Date: _____

Please return this form to the Ministry Center or mail it to:

Nappanee Missionary Church
Attn: Summer Camps
P.O. Box 110
Nappanee, IN 46550