Authorization/Consent Form – Summer 2022 Holston Conference Camping

Camper Name _____

	First	Middle	I	_ast		
Participation Aut	horization					
Authorization – Mu	ıst be signed.					
certain inherent risks. In discharge Holston Confere	consideration for be nce Camp and Retrea m any and all liability	ing permitted to participate in thi t Ministries, Inc., including affiliate	is event, I agree t ed camps, officers,	o assume sponsors,	tivities associated with this event entail all such risks and hereby release and trustees, employees, agents and other and nature whatsoever which in any way	
The camper herein describ	oed has permission to	engage in all camp activities exce	pt as noted.			
I give permission for my c	hild to be transported	in a private vehicle if necessary.	Yes No			
I give permission for photo	ographs taken of me/o	or my child to be used for camp p	ublicity, printed or	electronic	. Yes No	
Signature of paren	t/guardian:					
			Date:			
Emergency Conta	acts					
Name:		Phone	Phone Number:			
Name:		Phone	Phone Number:			
	<u> </u>	m Camp During Session beriod of time during the cal		Yes	No	
Day and time of de	eparture:	Day a	Day and time of return:			
Signed out by:			Dat	e/Time:		
Signed in by:			Dat	e/Time:		
		m Camp at End of Sessed to pick up camper from	camp:	lation to	o Camper	
Camper checked o	ut to (signature)				Date:	

A photo ID is REQUIRED of the authorized person who signs the camper out of camp.