



# TEAM CHURCH



## Family Activity & Event Release & Consent Agreement

Date: \_\_\_\_\_ (This consent will be applied for the school year \_\_\_\_\_)

PARENT'S NAME: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Dad Cell \_\_\_\_\_ Mom Cell \_\_\_\_\_

Email #1: \_\_\_\_\_

Email #2: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: \_\_\_\_\_

*\*Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: \_\_\_\_\_

*\*Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: \_\_\_\_\_

*\*Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: \_\_\_\_\_

Child #4 Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: \_\_\_\_\_

*\*Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: \_\_\_\_\_

**Emergency Contact Information** - In the event a parent or guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Insurance Information** - Insurance information is required for any trips off church campus or overnight stays.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

I hereby, for myself, my heirs, executors, and administrators, waive and forever discharge any all right and claims for damages which I may have or which may hereafter accrue to me against Team Church, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with or arising out of my traveling with, participation in and returning from any activity or event sponsored by Team Church. The minors and others whose names and signatures are attached to this document do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by his or her physician and surgeons. I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the necessary care for my child's well being. In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signature to this document.

Signature of Parent or Guardian: \_\_\_\_\_

**CHILD/YOUTH RELEASE FORM**  
**(Ages 0-17 years)**  
**FOR BONCLARKEN ACTIVITIES**

In consideration of Bonclarcken Conference Center, a North Carolina nonprofit corporation, its agents, officers, directors, assigns, contractors and/or employees, providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable my child to participate in recreational activities, I agree as follows:

I, \_\_\_\_\_,  
(PRINT YOUR FULL LEGAL NAME)

the undersigned, being an adult (age 18 or older), hereby agree that I am the legal guardian of

\_\_\_\_\_  
(PRINT CHILD'S FULL LEGAL NAME)

and hereby give my consent to Bonclarcken Conference Center to allow my child to participate in any of the following recreational activities (the "Activities"):

- climbing tower
- indoor challenge elements
- zipline
- Leap of Faith (Pamper Pole)
- paintball
- use of recreational equipment related to other recreational activities, and
- transportation to and from certain activity areas as necessary

I understand and acknowledge that there are inherent risks, dangers and hazards in my child's participation in any of the Activities; (b) my child's participation in any of the Activities may result in injury, illness or loss including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or unforeseeable risks.

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my child's participation in the Activities.

I hereby waive, release, and discharge Bonclarcken Conference Center from each and every claim whatsoever relating to my child's participation in any of the Activities, except for any claims that are the direct result of the active negligence of Bonclarcken Conference Center.

I understand and agree that (a) the sole proper venue for any dispute in which Bonclarcken Conference Center is a party and that may arise out of this Agreement, or otherwise relate to my child's participation in any of the Activities, shall be Henderson County, North Carolina;

(b) the dispute shall be decided, at the sole option of Bonclarcken Conference Center, by litigation or arbitration. In the event that Bonclarcken Conference Center elects litigation, the venue for any action shall be the Superior Court of Henderson County, North Carolina; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE BONCLARKEN CONFERENCE CENTER FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY CHILD'S PARTICIPATION IN ANY OF THE ACTIVITIES, EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF BONCLARKEN CONFERENCE CENTER.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Name of Group

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

## **Medication Protocol for Student Camp**

- ANY prescription or routine over-the-counter (OTC) medication(s) will be given to the Camp Nurse PRIOR to camp and they will be dispensed at camp.
- The Camp Nurse will have stock OTC meds such as Tylenol, Ibuprofen, antacid, Benadryl etc. that your camper can request. \*\*\*\*\**(See attached form to give permission to administer these prn meds from stock)*

### **Medication Process**

- Fill out and sign the Medication Form (attached)
- Mark meds, inhalers, or other med. devices with camper's name
- Only send enough doses for the camp week (pills or capsules) *We will provide small med envelopes for meds.*
- Bring completed form & ALL daily meds to the Camp Nurse during the parent meeting for processing
- If your camper is sent with an inhaler or medical device, it will be returned to the camper as we depart camp for transport home. If special arrangements other than that need to be made, submit your request in writing to the Camp Nurse.

*\*\*\*\*\*If your child does not take daily meds but you desire to give permission to administer the above listed stock OTC meds, should the camper need them, please fill in the campers name, allergies, circle OTC meds and sign the Medication Form that is attached.*

Camp Nurse: Kristine Wood  
704-904-4687

# Camper Medication Form

**STEP 1:** Complete & sign this form listing all daily medication(s) that need to be administered while at camp.  
Daily Medications = Prescription (daily and as-needed) AND any Over-The-Counter daily meds.

**STEP 2:** Bring this form & daily meds to the Camp Nurse the parent night meeting for processing

- Only send enough doses for the camp week (pills or capsules)
- Mark meds, inhalers, or other med. devices with camper's name We will provide small med envelopes

**PLEASE PRINT**

CAMPER'S NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_  
TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)  
SPECIAL INSTRUCTIONS \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_  
TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)  
SPECIAL INSTRUCTIONS \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_  
TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)  
SPECIAL INSTRUCTIONS \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_  
TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)  
SPECIAL INSTRUCTIONS \_\_\_\_\_

I declare that the information listed on this form is correct & complete. I hereby give permission for the Camp Nurse to administer the medication(s) as directed above, & if needed, my camper may request: (check all that apply)

Tylenol  Ibuprofen  Antacid  Benadryl

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_