

Summer Camp LIABILITY FORM

Student Information:

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City/State/ZIP: _____ Birthday: _____
School Name: _____ School Grade: _____
Home Church: _____ Liveswith? ☐ Both Parents ☐ Mother ☐ Father
Parent(s): _____ Phone: _____ Gender: ☐ M ☐ F

Medical Information:

Physician's Name & Phone: _____
Health Insurance Co. & Policy: _____
Hospital Insurance? ☐ Yes ☐ No

IN CASE OF EMERGENCY, IF PARENT IS NOT AVAILABLE, PLEASE CONTACT:

Name: _____ Phone: _____
Relationship to Student: _____

Liability Release Form - Release of All Claims:

In consideration for being accepted by North Ridge Church for Participation in Summer Camp, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my (our) child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless North Ridge Church and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) [and for and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Signature of Parent(s)/Guardian(s): _____ Date: _____

Activity Participant Only

I have read the forgoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

Signature of Participant: _____ Date: _____