



JOY OF FAITH

# Medical/Parental Release

## Camp Decision July 17-21, 2017

### Parental Medical and Liability Release

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event those persons cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment, or order an injection, anesthesia, or surgery, or to do whatever other act or procedure that is reasonably necessary for my child as deemed appropriate in the physician's or dentist's professional judgement. I agree to indemnify and hold harmless Joy of Faith Christian Center, its leaders, employees, volunteers, agents, and assigns for any result of invocation of this paragraph, whether it be caused by foreseen or unforeseen circumstances.

Initial: \_\_\_\_\_

### Transportation Release

I give permission for my youth to be transported to and from this church sponsored event in the church vehicle, church rental, or private vehicle.

Initial: \_\_\_\_\_

### Discipline Release

In the event of misconduct, I authorize the staff to notify me to pickup my child and or send my child home at my expense.

Initial: \_\_\_\_\_

### Personal Belonging Release

I realize that the church or its agents are not responsible for personal belongings.

Initial: \_\_\_\_\_

### General Release

The undersigned authorizes their child to attend this event and realizes that their child may incur personal injury or bodily damage while participating at this event and acknowledges that Joy of Faith Christian Center Inc., its officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, cost, expenses or damages related to this event. The undersigned further acknowledges this as a full and complete release from all injuries and damages which may occur as a result of participating in this event.

\_\_\_\_\_  
PRINT NAME of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian's Phone Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME of Student

\_\_\_\_\_  
Student's Phone Number

\_\_\_\_\_  
Student Signature (if 18 or older)

\_\_\_\_\_  
Date