

Camp SONshine * Children's Summer Camp * August 10-13, 2017

Permission/Medical Form and Liability Release

The undersigned parent or guardian hereby authorizes the child listed below to participate in all activities of Children's Summer Camp scheduled from August 10-13, 2017 sponsored by Pleasant Garden Baptist Church, Inc. I have had explained to me the various activities scheduled for the Camp and I know the risks and dangers involved in such activities. I am also aware that unanticipated and unexpected matters may arise during such activities, and I agree to assume all risks of injury to my child and their property that may be sustained in connection with such activities.

In consideration of allowing my child to participate in all activities, I hereby for myself and my child release and discharge Pleasant Garden Baptist Church, Inc., its employees, agents, and volunteers of and from all claims, demands, actions, and causes of action of any sort for injuries sustained during participation in the stated activities due to negligence or any other fault. I understand that for the safety of all participants present, the rules and guidelines of Pleasant Garden Baptist Church, Inc., as well as Mundo Vista Retreat facility must be adhered to. If any participant violates these rules and regulations, such participant will be asked to leave the activity and return home, with the no refund of any money or fees due. While I understand that reasonable attempts will be made to contact me in the event my child requires emergency medical treatment, I give consent, in the event such efforts are unsuccessful, for the administration of any treatment deemed necessary by a physician or other medical practitioner and for the transfer of such child to any hospital reasonably accessible. The following information is needed by any physician or practitioner not having access to the minor's medical history:

Child's full name _____

Date of Birth _____ Age _____ Parent's Name _____

Email Address: _____

Mailing Address _____

Name & phone number(s) to contact in an emergency: _____

Allergies: _____

All Medication(s) being taken- (please write out specific instructions on how and when medicine is to be taken and place the medicine bottle and instructions in a zip-lock bag to be given to the Camp Leader when you check in) :

_____ Date of last tetanus shot: _____

Physical impairment(s): _____

Other pertinent facts to which the physician should be alerted: _____

Health Insurance company and plan number: _____

Parent/Guardian's Signature

Date