



22152 Baptist Encampment
New Caney, TX 77357
Holywildministries.com

Parental Permission & Release Form

Youth Camp July 7-11, 2019

As a parent/legal guardian of _____, I give permission for the subject of this release to be involved in the overall activities and transportation by **The Little Country Church** and representatives.

I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will always be taken by **The Little Country Church** and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold **The Little Country Church**, its leaders, employees, volunteer staff, and Rocking Horse Daycare liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Student Name (Please Print)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

____ / ____ / ____
Date

Address/City/Zip

(Work) Phone

(Home or Cell Phone)

Health/Med. Ins. Co.

Policy Number

Please list any medical, physical, or other concerns we should know about your child:



REGISTRATION & HEALTH FORM

Youth Camp 2019

Last Name: _____ First Name _____ Middle Initial _____

Gender _____ Age _____ Date of Birth ____/____/____ Grade Entering Fall 2018 _____ or Sponsor

T-Shirt Size: S M L XL XXL

(1) Parent(s) Guardian(s) Name _____ Address _____

City _____ State _____ Zip _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

(2) Parent(s) Guardian(s) Name _____ Address _____

City _____ State _____ Zip _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact (other than parent) _____ Phone _____

Medical Insurance (YES) or (NO) Insurance Name _____

Insurance Policy Number _____ Phone _____

Name of Doctor _____ Phone _____

Does your child have any special needs that we should anticipate? (For example: ADHD, allergies, special diet, physical, mental or behavioral challenges, etc.)
(circle one) YES or NO If yes, please describe: _____

Date of Last Tetanus Booster _____ Camper is allergic to: _____

List all known Medication Allergies _____

PLEASE LIST ALL PRESCRIPTIONS AND MEDICATIONS (specify dosage instructions):

Name of Medication: _____ Dosage: _____ Time Taken _____

Name of Medication: _____ Dosage: _____ Time Taken _____

Name of Medication: _____ Dosage: _____ Time Taken _____

Name of Medication: _____ Dosage: _____ Time Taken _____

Name of Medication: _____ Dosage: _____ Time Taken _____



Participation/Liabilities/Image/Medical Release Waiver Form

(Use one form per camper or sponsor)

Participation Release: In consideration of the services of Waters Edge Encampment, its members, directors, officers, employees, volunteers, agents, successors and assigns (collectively, "Waters Edge Encampment"), I agree to the following. Although Waters Edge Encampment has taken reasonable steps, including without limitation, to provide me with proper instruction, appropriate equipment and guidance, so that I can participate in and enjoy camp activities, for which I may or may not be skilled, including, but not limited to, swimming, climbing, zip line, paintball, riflery, archery, broomball and other indoor and outdoor events and activities (Waters Edge Encampment Activities"). I understand activities are optional and that my child or I have voluntarily applied to participate in the events and activities of Waters Edge Encampment. I recognize and understand that Waters Edge Encampment Activities are not without risk. I understand the foregoing activities and all other events, hazards or exposures connected with Waters Edge Encampment and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.

Waiver of Liabilities and Release: I , for myself, heirs, successors and assigns, and for and on behalf of my participating minor child, agree to indemnify Waters Edge Encampment against, and hold Waters Edge Encampment harmless and forever release, remise, and discharge Waters Edge Encampment, its managers, directors, employees, volunteers, sponsors, agents, successors and assigns from any and all claims, demands, actions, causes of action, suits, proceedings, costs, expenses, damages and liabilities, including attorney's fees, which I, or my child may have, now has, or which may accrue in my or their favor in the future, which may arise out of the injury, loss or damage to person or personal property, including, without limitations, all consequential damages, whether such injury, or loss or damage be known or unknown, present or future, by virtue of or in any way arising out of or resulting from my or my child's participation in Waters Edge Encampment Activities and activities incidental thereto regardless of how the injury may arise, regardless of who is at fault or whose negligence caused such injury or loss or damage. Waters Edge Encampment does not warrant the safety of any person(s) participating in Waters Edge Encampment Activities and activities incidental thereto. I certify that I am my participating minor child are fully capable of participating in Waters Edge Encampment Activities. Therefore, I assume full responsibility for myself and my minor child, for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my or my minor child's actions in participating in Waters Edge Encampment Activities.

Image Release: I hereby grant and convey to Waters Edge Encampment all right, title and interest in any photographic or video images or audio recording made for publicity. The images may be reproduced and utilized in promoting Waters Edge Encampment, Grounded Camps, The Current, Investten, WEE partners and Waters Edge Ministries, through, but not limited to: brochures, flyers, video's, t-shirts, posters, banners and websites, as well as media tools such as newspapers and television.

Medical Treatment Release: In case of moderate to serious injury, accident or illness of my child, I grant my permission for a licensed physician to treat my child. In cases of minor or mild injury, accident or illness of my child, I grant my permission for him/her to be treated by a member of Waters Edge Encampment staff. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. I also give the camp full authority in dealing with problems of discipline. I and my participating minor child have read, and understood and accepted the terms and conditions stated herein and voluntarily sign this Waiver Form to acknowledge that it shall be effective and binding upon me, my heirs, successors, and assigns, and for and on behalf of my participating minor child.

Printed Parent's/Guardian's Name or
Printed Sponsors Name

Signature

Date

Printed Participants Name

Signature

Date