

**Lake Country Baptist Church Teen Camp 2018
Parental Permission / Claim Release Form**

I, _____, as parent/legal guardian of

Hereby, give permission for my son/daughter to participate in the below activity sponsored by the Lake Country Baptist Church

Activity: 2018 Lake Country Baptist Church Teen Camp

Beginning Date: Monday July 30, 2018

Ending Date: Saturday August 4, 2018

Place: Mazama Bible Camp, Winthrop, WA

In granting this permission, I hereby waive all claims, to the extent permitted by law, against the Lake Country Baptist Church, its church leaders, teen ministry leaders, members and/or other persons who lead or direct this activity, in the event my son/daughter is injured or becomes ill, or in the event of accident or death occurring during or by reason of this activity.

Should it be necessary for my son/daughter to receive medical attention/treatment while participating in this activity, I hereby give permission for the person(s) leading or directing this activity, to use their best judgment in obtaining medical attention/treatment for my son/daughter. I further give permission to the physician/medical professional that is selected by the person(s) leading or directing this activity, to render medical attention or administer medical treatment as that physician/medical professional deems appropriate and necessary. I also give permission for the person(s) leading or directing this activity to use their best judgment to otherwise render any assistance (i.e., first aid, C.P.R., etc.) to my son/daughter in the event of injury or illness.

I further agree to pay all medical charges which are associated with injury or illness occurring in the course of this activity. Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

Participant's name _____

Parent/Legal Guardian's signature:

Parent/Legal Guardian's printed name:

Date:

Medical Insurance Carrier of participant or participant's family:

Policy identification number(s) and information:

Please provide any additional medical information about your son/daughter that we should know about in the event of an emergency (i.e., allergies, special conditions, medication, etc.)

- All Camp activities will be supervised by qualified personnel, with the appropriate safety equipment. The following activities require parent/guardian permission.
 - Inner Tubing/Wake boarding (behind a boat)
 - River Inner Tube Float
 - Swimming

My son/daughter may participate in all of the above described activities

Parent/Guardian Signature: _____ Date: _____

My son/daughter may not participate in the following of the above described activities:

Parent/Guardian Signature: _____ Date: _____