

GENERAL RELEASE AND AUTHORIZATION

General Release

I have read the Parent Information Sheet detailing the nature and ministry of Impact Mission Camps and I acknowledge and understand the information, release, and responsibility issues related with Impact Mission Camps

Initial here _____
Parent Participant

Authorization for Treatment

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for an attending physician or hospital staff to administer medical care if deemed necessary by Impact Mission Camps and the physician or hospital staff during the Impact Mission Camps project.

Initial here _____
Parent Participant

Release of Claims and Liability

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do hereby release from all claims and forever hold harmless the directors, employees, and agents of Impact Mission Camps and the Baptist General Association of Virginia from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself or my child.

Initial here _____
Parent Participant

Release of Likeness

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for pictures and videos to be taken and used for promotion of the Impact Mission Camps project.

Initial here _____
Parent Participant

Assumption of Responsibilities

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do also assume personal responsibility for all medical bills in excess of the applicable medical insurance plan provided by Impact Mission Camps. A copy of this policy is available from the Impact Mission Camps office. Furthermore, I assume all costs for damages incurred by my child due to his or her negligence of rules and restrictions placed on them by Impact Mission Camps. And, should it be necessary for my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Initial here _____
Parent Participant

Participant's Signature _____ Date _____

Signature of Custodial Parent/Guardian _____ Date _____

Forms are not valid without proper initials and signatures in all areas

PLEASE BRING TWO COPIES WITH YOU TO THE PROJECT
(Do not mail this form to our office)

PARTICIPANT HEALTH AND MEDICAL INFORMATION

Participant Name _____ Date of Birth _____

Church _____ Group Leader Name _____

The following information is required to secure medical treatment should it become necessary. Please answer all questions completely.

List any medications you are CURRENTLY taking:

List any medical conditions for which you are CURRENTLY being treated:

List any medications or other substances to which you are allergic:

Date of last Tetanus Shot _____

HEALTH INSURANCE INFORMATION

Health Insurance Carrier _____ Phone No. (____) _____

Insurance Policy Number _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

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