

EXPLORE

Isaiah 40:28

August 9-13, 2021



Parent Waiver Form and Medical Release

Participants Full Name _____

PARENT (GUARDIAN) WAIVER and PERMISSION TO AUTHORIZE MEDICAL SERVICES

(Please read carefully and sign.)

I acknowledge that participation in RMD KIDz Camp 2021 involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (RMD KIDz CAMP 2021), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three -member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I hereby give permission for the participant named above to participate fully in the program except as noted in participant's application. In the event of illness or injury, I also give permission for the physician, dentist, or other health professional selected by the camp director to order such tests and treatments as are deemed necessary to safeguard the health of my child (the participant) and, in the event I cannot be reached in an emergency, I authorize the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for my child as named above. The camp nurse may administer over the counter medication as noted on camp registration.

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH CAMPERS

As parent/guardian of the participant named on this registration form, I hereby give consent for my child's image to be included in a creation of a video tape production to be shared with other Nazarene Churches on the Rocky Mountain District. His/her picture may also be included on our District Children's Ministries Facebook pages and District website. I understand that this video may include 'still life' and/or 'video tape footage' of my child.

Parent/Guardian Signature

Date