



www.bethelchapelchurch.org/sunsethill

Release Form

I, _____, do hereby state that I am the natural parent and/or legal guardian of _____ ("my child"). I hereby authorize the bearer of this letter, a representative of Sunset Hill Youth Camp, to consent to any x-rays, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the said minor on June 14, 2010 through June 17, 2010. This treatment should be under the general or special supervision of any licensed physician or surgeon, when such medical or surgical treatment is an emergency. I will be responsible for any costs of said emergency treatment.

I, _____, agree to indemnify, defend, and hold [Sunset Hill Campground and Bethel Chapel Pentecostal Church] harmless from and against any and all claims, damages, demands, actions, duties, causes of action, judgments, costs, (including attorney fees), controversies and liabilities whether known or unknown, fixed or contingent, arising out of contract, tort or otherwise, in law or in equity, for damage to person (self or third parties) or property, including but not limited to, consequential or incidental damages arising out of or related to: (a) my child's failure to perform any and all of his/her obligations or liabilities under the Agreement or under any other agreement; (b) my child's use of the camp facility; (c) my child's participation in Approved Camp Activities (d) the negligent, willful or intentional acts/omissions of my child; (e) the failure of my child to comply with all applicable federal, state and local laws, ordinances, statutes, regulations and rules, unless such bodily injury, property damage, or personal injury is determined to be the result of the negligence of Sunset Hill Campground and Bethel Chapel Pentecostal Church, their affiliates, officers, employees, or representatives.

Insurance Information

Plan Name: _____ Policy Number: _____

Camper Information

Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Church Name: _____ Church Phone: _____

Emergency Contacts: _____ Phone: _____ Relationship: _____

Physician: _____ Phone: _____

Special Needs/Allergies: _____

Medications: _____

Signature of Parent and/or Legal Guardian

Date

PHOTO RELEASE:

From time to time we take photos of people participating in camp events for our website or other promotion materials. Unless we hear specifically from you on this form (or in some other written form) we will assume we have your permission to photograph your child while in the course of camp activities.