

Carolina Ministries Camp Liability Release Form

In consideration for being accepted by Carolina Ministries for participation in Kids and Teen Camp at Camp Bethel, Gaston, South Carolina, I (we) being 21 years of age or older, do for myself (ourselves) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Carolina Ministries and the trustees thereof from any and all liability, claims, or demands for personal injury, sickness or death as well as property damage and expenses, or any nature above-described trip or activity.

Furthermore, I (we) (and for and on behalf of my child-participant if said child is not 21 years of age or older) hereby assume ALL RISK of personal injury, sickness, death, damage or expense as a result of participant in recreation, activity, ocean swimming activities involved therein.

Further, authorization and permission is hereby given to Carolina Ministries and trustees to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify Carolina Ministries to furnish any necessary employees or volunteers/agents for any liability sustained by said church as result of the negligent, willful or intentional acts of said participant, including expenses incurred thereto.

This liability release form gives my child authorization to swim.

If participant has not attained age of 21 years fill out completely.

If under 21, both parents must sign unless parents are separated or divorced, or custodial parent must sign.

Father Date

Mother Date

Legal Guardian Date

Participant Name: _____

Home/cell number: (_____) _____ - _____

Church Name: _____ Ph #:(_____) _____ - _____

Ins. Co. Name: _____ Ph #:(_____) _____ - _____

Hospital Insurance ___ Yes ___ No Ins. Policy number: _____

Physician's name: _____ Physician's ph #: _____

Emer contact person& number: _____

ATTENTION:

*By signing this form I agree to abide by all the rules and regulations of the Camp Bethel facility and the rules and directors of the 2019 Summer KIDS Camp. Failure to do so will result in ejection from the camp.

Carolina Ministries Health and Medical Information Form

Name _____ Date of birth _____

Do any of the following apply? Please check...

Asthma Diabetes Physical Disability Sleepwalking Allergies
 Earaches Heart Condition Seizures (does child need a bottom bunk Y or N)

Please list any special diet restrictions: _____

Date of last tetanus shot: _____ - _____ - _____ Immunizations are up to date: Y or N

Allergic Reactions (circle all that apply):

Insect Stings Aspirin Penicillin Hay Fever Other _____

If any of the above is circled, please give reaction and treatment needed: (Use the back of this form if necessary)

I give my permission for camp staff to administer the following to my child as needed:

Tylenol Pepto Bismal Benadryl Basic first aid creams

My child's weight: _____ (needed to administer proper dosages of some medications)

My child takes the following prescription medications: (Use the back of this form if necessary)

Drug Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: Our health staff cannot administer prescription medications unless they are in the original prescription bottle with the doctor's instructions on the bottle. Please place all medication bottles in a ziplock bag with your child's name on the outside. I hereby certify that _____ is in good health, free of any communicable disease and able to participate in all camp activities. In case of medical emergency, I hereby give my permission for the camp staff to treat my child with basic first aid or one of the over the counter medications listed above. In the event that my child needs further treatment, I give the camp staff my permission to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my child as named above. I understand that, in the case of emergency, every effort will be made to contact me first; however, if I cannot be reached, the camp staff will act in the best interest of my child. I agree to cover the costs of any and all treatments. My signature below is evidence of my understanding of all above information and releases Camp Bethel, Carolina Ministries, and all staff of liability.

Signature of Parent or Legal Guardian

Date