

Camp Witness Release Form

Camper Name: _____

I the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow participation in the camp(s) listed on the reverse and authorize and appoint the directors and staff of Camp Witness as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. I give my permission for my child to participate in all program activities. I give permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me prior to treatment. In additional, I understand that by signing this agreement, I hereby release and discharge Camp Witness Bible Conference Association from any and all liability resulting in injury associated with the camper's participation I this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participating in the program shall constitute acceptance of the conditions set forth in this release.

I give permission to allow photos and video of my child to be taken during camp. I further give permission that these photographs may be published and used by Camp Witness to promote camp programs.

Parents Name Printed: _____

Signed: _____ Date: _____