PARENT PERMISSION FORM

**FAMILY CAMP 2023**

 In consideration for being accepted by HERITAGE BAPTIST CHURCH for participation in FAMILY CAMP WEEK, we (I), being 21 years of age or older, do for our selves (myself) (and for and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless HERITAGE BAPTIST CHURCH and the directors thereof from any and all liability, claims or demands for personal injury or sickness as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.

 Furthermore, we (I) (and on behalf of our [my] child-participant) hereby assume all risk of personal injury, sickness, damage and expense as a result of participation in recreation activities involved therein.

 Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant

 The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by the willful or intentional acts of said participant, including expenses incurred attendant thereto.

 We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give our )my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of participant) Father/ Mother Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent/ guardian telephone) Legal guardian Date

Hospital insurance \_\_yes \_\_no I give permission for HBC to use my child’s

Insurance company picture/video on their website/Facebook

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ page in promotion of their camp events.

Policy number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please fill out medical info on the back!**

Emergency phone numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_