1. I/we hereby permit my/our child,	and by signing this agreement, my child and I will onsibilities, and liabilities listed above. I am aware ing off-site events/activities. In an emergency or cure medical treatment for my/our child to be ad-
2. I/we authorize Campground Baptist Church to administe cated on this form according to the prescribed directions for Church WILL NOT dispense that particular medication unless approval. (Our camp nurses can treat emergency medical cand will also notify parents/guardians. We can provide first form); we will administer routine medications and would p	or each. If spaces are left blank, Campground Baptist as a physician or parent/guardian is contacted for onditions; call AMR; take campers to the hospital; aid for simple needs (unless prohibited by the
3. I/we agree to allow Campground Baptist Church to use a camper for promotional/marketing purposes.	ny photographic image or video taken of the named
4. I/we understand payment for medical bills for my/our chinsurance plan is responsible for injuries and sickness at call that a guest is insured while at camp. I understand that my coverage. No additional coverage is provided by Campgrou necessary for treatment, referral, billing, or insurance purp	mp. Campground Baptist Church does NOT require personal insurance coverage will be the primary nd Baptist Church. I agree to release any records
5. I/we agree to waive and release Campground Baptist Checause of action that might arise on behalf of myself/ourselv tion in this event. I have discussed with my child all camp reand to cooperate with adult leadership camp staff and other	ves or my/our child as a result of his or her participa- ules, and my child agrees to obey all the camp rules
Furthermore, I/we agree that if, in the judgment of the adult leadership or camp staff, my child becomes a discipline problem, my child may be sent home. I agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child and /or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons before the conclusion of this event.	
Signature	Date