

LIABILITY RELEASE FORM – Camp Kid
CAMP KOINONIA 2023
Junior Week – July 8-14

This instrument (the “Release and Consent”) is executed by the undersigned in connection with the participation of his/her or their minor child in activities conducted by or in connection with the Harpeth Hills Children’s Ministry (HHCM) of Harpeth Hills Church of Christ (Harpeth Hills) during Camp Koinonia. In consideration for being accepted or permitted to participate by Harpeth Hills in Camp Koinonia, we (I) being 21 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child-participant who is not yet 21 years old, do hereby release, forever discharge, and agree to hold harmless HHCM and Harpeth Hills, the directors thereof, and the adult chaperones of Camp Koinonia, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and/or the child-participant while said child is participating in Camp Koinonia.

Furthermore, we (I) hereby assume all risk of personal injury, sickness and death, damage and expense as a result of our (my) child-participant’s involvement in Camp Koinonia.

Furthermore, HHCM and Harpeth Hills acting by and through its employees or adult chaperones are hereby granted authority and permission to furnish any necessary transportation, food, and lodging for our (my) child-participant in connection with Camp Koinonia, and the undersigned agrees to reimburse HHCM and Harpeth Hills in connection with any unanticipated expenses in connection therewith.

The undersigned further hereby agree to hold harmless and indemnify HHCM, Harpeth Hills, its directors, and the adult chaperones of the Camp Koinonia against any cost, expense, claim, damage or liability sustained or incurred as the result of the negligent, willful, or intentional acts of our (my) child-participant, including expenses incurred attendant thereto. Our (my) signature(s) below further evidence our (my) permission for the below named minor child to participate fully in Camp Koinonia.

NOTE: THIS RELEASE AND CONSENT MAY BE DELIVERED TO HHCM WITH SIGNATURES PROVIDED OR, IN THE ALTERNATIVE, THE UNDERSIGNED MAY AGREE TO THE TERMS OF THIS RELEASE AND CONSENT ELECTRONICALLY AS AN ELECTRONIC TRANSACTION PERMITTED UNDER TENNESSEE LAW.

BY COMPLETION OF THIS RELEASE AND CONSENT FORM AND SUBMISSION TO HHCM IN ELECTRONIC FORMAT, THE UNDERSIGNED SHALL HAVE AGREED TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN THIS RELEASE AND CONSENT, AND THE SUBMISSION OF THIS RELEASE AND CONSENT TO HHCM AND HARPETH HILLS IN AN ELECTRONIC FORMAT SHALL BE DEEMED TO BE A FULLY ENFORCEABLE AGREEMENT EXECUTED BY BOTH PARENTS OF THE CHILD (TO THE EXTENT MARRIED OR OTHERWISE HAVING JOINT OR EQUAL CUSTODIAL PRIVILEGES). IF THE CHILD’S PARENTS ARE DIVORCED, SEPARATED OR IF ONE OF THE CHILD’S PARENTS IS DECEASED, THEN THIS RELEASE AND CONSENT MUST BE SUBMITTED BY THE CUSTODIAL PARENT OF THE CHILD AND SHALL BE THE AGREEMENT OF THAT PARENT.

Print name of child-participant

Father’s signature

Mother’s signature

Legal Guardian’s signature

Please check one : ____ Agree ____ Disagree I authorize the collection, use, and distribution of photos, video, film, and digital images of applicant to be used in all forms of electronic and print media for and by Harpeth Hills Church of Christ.

MEDICAL HISTORY & CONSENT FOR EMERGENCY CARE

I, _____ (Name of participant), in the event of a medical emergency, as determined by an employee of Harpeth Hills or an adult chaperone for Camp Koinonia, I hereby extend power of attorney for the authorization of medical care for the above named at any hospital, clinic, doctor's office, or other medical facility. I assume full responsibility for any and all medical expenses incurred should medical care be needed.

My regular physician is _____, office telephone number _____

Date of Birth _____ Last Tetanus Shot _____ Allergies _____

Existing medical problems _____

Routine medication(s) _____

Restrictions _____

Insurance Company _____

Insured Person _____ Policy No. _____ Group No. _____

Home/Work/Cell Telephone No. _____

Emergency Contact Name _____

Home/Work/Cell Telephone No. _____

Signature of Participant _____ Date _____