

## **2018 High School Camp Release Form**

## **IMPORTANT!**

Each church is responsible for their students health and safety at all times but the HSC Staff is here as a support when needed. The following release form acknowledges the church's responsibility and releases each person to participate in camp activities.

EVERY person attending High School Camp MUST fill out this form! This includes students AND leaders. Please be sure to have ALL release forms upon arrival to check-in at the camp location. Any person (student or leader) who does not have a signed release form will not be allowed to participate until the form is received by HSC staff.

HSC recommends that each church keeps a copy of this form with each student's health and emergency contact information

Please feel free to contact us <a href="https://examp.org/higher-nicetals.">highschoolcamp@rethinkgroup.org</a> if you have any questions or need any additional information.

| _   | Name:           |             |      |  |
|-----|-----------------|-------------|------|--|
| hec | First           | Middle      | Last |  |
|     | □ Male □ Female | Birth date: |      |  |
|     |                 |             |      |  |

| Attendee Home address:  |  |   |                                       |  |
|---|--|---|---------------------------------------|--|
| Street address  | City   | State   | <br>Zip                               |  |
| Parent/legal guardian/spouse to be contacted in c   | ase of illness or injury   | <u>7:</u>   |                                       |  |
| Name:   | Phone number: ()   |   |                                       |  |
| Relationship to attendee:<br>Home address:  |  |   | (if                                   |  |
| different from above) Street address  | City   | State   | (''<br>Zip                            |  |
| <u>Allergies:</u> □ No known allergies. □ Attendee is aller (If attendee has allergies, please describe what t  | =  |   | n seen.)                              |  |
| Diet, Nutrition: ☐ This attendee eats a vegetarian die ☐ This attendee eats a gluten free die (Please describe below)s.   |  |   | et.                                   |  |
| Authorization at Restrictions Any restrictions and limitations of my student  | nd Indemnification   |   | church my                             |  |
| student is attending High School Camp with<br>School Camp is not responsible for any restr  | ,  | •   | _                                     |  |
| Acknowledgement of Inherent Risk  |  |   |                                       |  |
| I acknowledge and understand there are infactivities. I assume the risk associated therew time. I hereby release High School Camp, in and trustees, from all claims, liability, and recor illness, and loss of personal property while claims that may be brought by my student's trepresentative(s), or assigns. | vith, whether knowr<br>ncluding its emplo<br>sponsibility for phy<br>le at camp. This rele | n or unknown to<br>yees, agents, vo<br>sical injury, inclu<br>ease is binding u | me at this<br>lunteers,<br>ding death |  |
| Photo Release I hereby grant to High School Camp the right photographs, films, videotapes, and/or soun compensation or approval rights, for use in School Camp.   | nd recordings of the   | e my student, wit   | hout                                  |  |
| Attendee signatureover 18 years of age)   |  | (if Date  |                                       |  |
|   |  |   |                                       |  |
| Signature of  |  | Date  |                                       |  |