



2016 BigStuf Camps/Conference Participant Release

Name of Participant (please print): _____ Grade as of Fall 2015 (if student): _____

Church Name: _____ Dates Attending: _____

Youth Pastor/Group Leader: _____

Liability Release Agreement

I/we understand that there are inherent risks involved in any camp or conference activity, and I/we hereby release BigStuf Camps, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the BigStuf organization. I/we understand that during the week participants may be photographed or recorded and I authorize and agree to BigStuf Camps' unrestricted use, reuse and distribution of images and recording including but without limitation for purposes of promoting and publicizing the camps and conference. I/we understand that use of such materials will be without compensation or our/my approval rights any time thereafter.

Transport Home Agreement for Students

I/we, the undersigned, as the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a camp or conference operated by BigStuf Camps, or are of legal consenting age myself. I/we understand that a member of the BigStuf Camps staff or a group leader of our group may need to send a student home as a result of illness, discipline issue or policy violation. I/we understand if the participant named above is dismissed from the camp or conference, I/he/she will be transported home at my/our expense. BigStuf Camps or a group leader of our group will attempt to contact the parent or guardian to arrange such transportation.

Medical Release Agreement

I/we the undersigned, as the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a camp or conference operated by BigStuf Camps, or are of legal consenting age myself. In the event that I/he/she is injured while attending the camp or conference and requires the attention of medical personnel, I/we consent to any reasonable medical treatment as deemed necessary by a qualified medical professional. In the event treatment is called for, which a medical professional and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize an adult leader of our group or a member of the BigStuf Camp staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to release and hold them harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a medical professional. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force at the time of the camp or conference.

Emergency Contact Information (please provide two)

Name: _____

Relationship to Participant _____

Home Phone _____

Work Phone _____

Cell Phone _____

Name: _____

Relationship to Participant _____

Home Phone _____

Work Phone _____

Cell Phone _____



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I understand and acknowledge that participation at a BigStuf Camp or Conference is contingent upon compliance with all the policies stated on the previous page:
Liability Release, Transport Home and Medical Release

Student Participant Print name: _____

Signature: _____ Date: _____

Parent/Guardian (1) Print name: _____

Signature: _____ Date: _____

Parent/Guardian (2) Print name: _____

Signature: _____ Date: _____

----- OR -----

Group Leader Participant Print name: _____

Signature: _____ Date: _____



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In compliance with HIPAA privacy laws, the section below will be detached and disposed of after completion of camp.

Medical Information*

Participant Name: _____ Date of Birth: ____/____/____

Home Address: _____ Phone: _____

Date of Last Tetanus Shot: _____ Known Allergies: _____

Current Medications or Health Conditions: _____

**To be used only to determine course of treatment in the event of a medical situation.*

Insurance Information*

Name of health insurance company: _____

Health insurance group number: _____ Health insurance policy number: _____

Phone/address of health insurance company: _____

Name of policy holder: _____

Policy holder's phone number: _____

**Participants without health insurance are still able to attend, understanding the risks and personal liability to any and all medical payments.*

**Please attach a copy of your insurance card to this form. It will be destroyed after attendance is completed.*