



AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, _____, [parent name] am the [parent/guardian/managing conservator] of _____, [student's name] a minor child, and have the power to consent to medical treatment for him/her.

[Include if applicable: _____ is/are the minor's other parent/parents.]

I authorize and appoint **Andy Vanderveer and Kristin Vanderveer** with **Faith Bible Church** as my agent to consent to medical treatment of the minor when I cannot be contacted to so consent, such medical treatment to include, without limitation, X-ray examination; anesthetic treatment; medical, dental, or surgical examination or treatment; and general hospital care. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. I will indemnify and hold harmless from any expense or claim of any nature any entity that provides or causes to be provided examination, treatment, or hospital care under this authorization (except to the extent such entity is negligent therein) and conditionally agree to make or cause to be made, by assignment of third-party benefits or otherwise, full and complete payment for such examination, treatment, or hospital care.

SIGNED on _____, 20____.

Signature

Printed Name of parent/guardian

Childs name: _____ Birth date: _____

Emergency Contact/Number: _____

Allergies: _____

Pediatrician: _____

Medications: _____

Insurance Company: _____

Policy Holder: _____

Policy/Group Number: _____

Insurance Phone Number: _____

WAIVER AND RELEASE OF LIABILITY

This Waiver and Release of Liability ("Waiver") is entered into on (mm/dd/yyyy)

_____, [today's date] by and between Faith Bible Church (the "Church") and

_____ [name of participant/student] ("Participant").

Participant desires to participate in: ALL FAITH BIBLE ACTIVITIES/EVENTS [describe activity] (the "Activity") on the Church's premises or as part of an off-premise Church activity. In consideration of being permitted to participate in the Activity, Participant agrees as follows: I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH'S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS "CHURCH REPRESENTATIVES") WITH RESPECT TO MY PARTICIPATION, INCLUDING WITHOUT LIMITATION ATTENDANCE AT, OBSERVATION OF, OR BEING OTHERWISE INVOLVED IN THE ACTIVITY "PARTICIPATION"), WHETHER MY CLAIM OR THE CLAIM OF ANYONE ON MY BEHALF IS BASED ON OR ARISES OUT OF PERSONAL INJURY, DEATH OR INJURY TO PROPERTY AND **WHETHER SUCH CLAIM IS CAUSED BY THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES**. I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY. I agree to indemnify and hold the Church harmless from the claims of any third party arising as a result of my participation in the Activity.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM RELEASING ALL FUTURE CLAIMS I MAY HAVE AGAINST THE CHURCH AND ANY CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

PARENT OR GUARDIAN OF PARTICIPANT,
ON BEHALF OF PARTICIPANT (if under 18):

Signature: _____

Printed Name: _____

on behalf of : _____ [minor Participant's name]

Carolina Creek Christian Camp Participation Agreement & Waiver

Name of Camp Participant _____

_____ I am above the age of 18 and am signing this agreement as the camp participant.

_____ I, _____, am the parent/legal guardian of the camp participant, a minor.

I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____

Group/Session Name: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following?

1. Recent serious injury: Y ☐ N ☐ _____

2. Recent surgery: Y ☐ N ☐ _____

3. Allergies to medications: Y ☐ N ☐ _____

4. Food Allergies: Y ☐ N ☐ _____

5. Asthma: Y ☐ N ☐ _____

If yes to any of the above, please describe: _____

7. Do you take any medications regularly? Y ☐ N ☐ If so please list here: _____

(All medications must be in originally labeled containers)

8. If yes, will you have these with you? Y ☐ N ☐ _____

9. Your camper must have received all vaccinations required to enter school in the state of Texas in order to attend camp. Has your camper received all of these required vaccinations? Y ☐ N ☐

10. Date of last Tetanus Shot _____

11. Add any other necessary medical information: _____

(Attach separate sheet if needed)

12. I give permission for my camper to receive age appropriate over the counter medication. Y ☐ N ☐

Insurance Information:

1. Medical Insurance Company: _____

2. Plan or Group Number: _____

3. Insured Name: _____

4. Insured I.D. # or Member #: _____

5. Insurance Company Phone Number: _____

6. Insurance Company Address: _____

* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my or my child's physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Carolina Creek Christian Camp. In case of the illness of myself or my child, Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP.

In consideration for being permitted to attend Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, *do hereby release, waive, and forever discharge Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Carolina Creek Christian Camp, whether by negligence or not.*

I, personally, and on behalf of my child (if child is the camp participant), hereby give Carolina Creek Christian Camp permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____

Adult Participant or Parent/Guardian Signature

Printed Name and Address of Signatory:

Date: **X** _____